G. R. S. 58]

Previous references.

4

1915.

Med File No. 38—13

Serial Nos. 1-5 ✓ 7-10

(Medical)

Later references.

Med 18-15-88 6 1/2, 15 + 19. B Jany. 1916
—do— 88 10, 21 & 23. B. March 1916
do — 18-16 88 7, 10, 73, 14 + 17 B July 17
Med 24-19 (3, 4, 9 + 10)
Sec 6-25 (8, 31, 54 + 88)

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. 1-5 + 7-10.

Part B for July 1915

SUBJECT.

Semi-itinerant and itinerant dispensaries in the malnad parts of the Shemoga & Hassan Districts.

G.O. No. 184-9. dt. 9.7.15.

Sanctions the conversion of three of the existing dispensaries in the malnad parts of the Shemoga District into Semi-itinerant ones and the opening of two itinerant dispensaries in the malnad parts of the Hassan Districts.

GPB—10,000—28-3-15

WK Jarvis
22/7/15

G.R.S. 11] 1913-4

GENERAL AND REVENUE SECRETARIAT.

(Med)

NOTES.

File No. 38-13

FILE HEADING.

Travelling dispensaries.

From

No.	Dated	Received

Diary No.	Enclos.	Spare Copies.	Serial No.

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

Note by the Asst Secy in Med file 2-13:—

"Kind ~~with~~ attention is invited to the reference to travelling dispensaries in para 2 of the report (Dispensary Returns of the Province of Assam for the year 1912) and orders are solicited whether details as to the organizatio

NOTES—First Sheet.

GPE—35,000—15-6-12

General and Revenue Secretariat. | Med. File No. 38 of 1913

Serial No.

and working of such dispensaries in Assam United Provinces and the Punjab may be got through the Residency, now that the question of opening such dispensaries in the mahal is likely to come up before Govt."

Init A.V.R
19.7.13.

2. "Yes"
Init M.K. (2nd Councillor)

3. Asst Secy's order
"Submit draft to the Residency
Init A.V.R
23.7.13.

4 Draft- Subtd
Abdul
30.7.13.

5. Issue revised draft.
Hm
31/7.

6.
To the 1st Asst to the Resident in Mysore. Letter No: 99 Pol dy 1.8.13
Requests to be favoured with copies of orders regulating the constitution and working of travelling dispensaries in certain provinces with any other papers relating to such dispensaries that may be available for perusal.

NOTE—Contn. sheet.

GPB—65,000—17-6-12.

QTO

F. R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 1913

Serial No.	
7.	Letter no: 6334 d/13.10.13 from the 1st Asst to the Resident in Mysore.
2	Forwards copies of certain correspondence relating to Travelling dispensaries in the Punjab together with copies of Sanitary administration reports and reports on dispensaries in the Punjab for the past 3 years and States that Similar papers received from the United Provinces & Assam will be forwarded in due Course.
8.	Requisitions are being received from Camp, Mysore for papers relating to Travelling dispensaries. If apptd, the letter from the Residency with its enclosures will be sent to Clerk D. Sita Ramaiya who has gone to Mysore with refces relating to Subjects to be discussed at the Representative Assembly, to be placed in the main file taken by him and Submitted to the Dy Secretary for information & Orders, if any.
	16.10.13. 16/10 d Yes. A report from the Resident Mysore was also received in Today's tapal. Send that also when nothing it here. Mis need not come up again before despatch to Mysore. 16/10

The main file returned
21/10/13

Med file 1464-12 linked hereto

NOTE—Contn. sheet.

GPB—65,000—17-6-13.

G. R. S. 12]

General and Revenue Secretariat.

Med File No. 38 of 1913-14

Serial No.	
	10. memo no: 6486 dt 18.10.13 from the 1st Asst to the Resident in Mysore.
3.	In continuation of his letter no. 6334 dt 13.10.13 forwards copy of letter no. 398/XVI-16 dt 9.10.13 from the Under-Secretary to the Govt of the United Provinces enclosing a note on the working of Travelling dispensaries in the United Provinces with copies of certain resolutions of the U. P. Govt. 11 Papers relating to travelling dispensaries in the Punjab received with the Residency letter no. 6334 dt 13.10.13 were Subtd to the Deputy Secy with Diary no: 2321 on 16.10.13.
	12. The present Commtn may also be Subtd in Continuation.
	Mem 51 24.10.13 25 (11) 13. The case has to be worked up. If these papers are retd, I shall Col- them case worked up, and submit all the papers together. Dy Secy) Mem 27/10.
	14. The previous papers have come back from the Deputy Secy along with Med file 144-12.
* This will be Separately Subtd.	15. May the receipt of papers relating to the Travelling dispensaries in Assam be awaited?
Case worked to take instructions from Med/from time to time if necessary	Mem 51 1.11.13 3 (11) (16) Dy. Secy. with the available data. Reply must be Completed & shd be ready by 15-11-13 Mem 3/11

NOTE—Contn. sheet.

GPB—60,000—25-9-13.

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G. R. S. 12]

General and Revenue Secretariat. | Rec'd File No. 38 of 1913-14

Serial No.

(17)

4. Memo No. 6831 of 4.11.13 from the 1st Asst to the Resident in Mysore.

Forwards in continuation of Sl 3 copy of letter No. 7119 M of 22.10.13 from the Second Secretary to the Chief Commr of Assam re: Travelling dispensaries in Assam

5. (18) From the Sanitary Comr. Letter No. 3841 dated 14.3.14.

Forwards the report received from Dr M. Srinivasa Rao, embodying the results of his inspection of the working of the Travelling Dispensaries in the United Provinces of Agra and Oudh.

(19) Dr Srinivasa Rao, Director of Public Health Institute and Dy Sany Comr who was deputed to attend the recent 4th India Sanitary Conference at Lucknow was also directed to study, after the close of the conference, the working of the Travelling dispensaries in the United Provinces. His report embodying the results of his inspection of the Dispensaries is now submitted by the Sany Comr with the paper under disposal.

(20) A note on the Travelling dispensaries in the United Provinces, Punjab and Assam embodying the information available

NOTE—Contn. sheet.

GPB—60,000—25-9-13.

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 1913

Flag A.

Serial No.

from the reports and other papers received is attached.

(24) Of the two classes of Travelling Dispensaries in the United Provinces viz. the Malaria and Plague T Dispensaries, the former is said to be maintained from a Special grant of Rs 24000 and the latter from the Plague grant of 3 lacs. The Plague T. Dispensaries are reported to be each in charge of a subordinate Surgeon with a Supervising I.M.S. officer for each circle containing 8 to 9 Dispensaries

(25) The Sanitary Commr has reported that for the present 10 Travelling Dispensaries in the Malnad tracts (5 for Shimoga, 3 for Kadur and 2 for Hassan Dts) may be sanctioned and is of opinion that only Subordinate Surgeons (instead of Subordinate Surgeons) should be placed in charge of each Dispensary and given, besides their grade pay, a local allowance of Rs 50/- plus the usual Travelling allowances and that the Senior Surgeon of relieved of his Ex-officio duties of Sanitary Commr can leave and inspect these as well as the ordinary dispensaries. The Sanitary Commr has recommended suggested that trial be given to the experiment of Subordinate Surgeons are placed in charge of these dispensaries and that the Special Sanitary officers for the Malnad

May

NOTE—Contn. sheet.

GPB—60,000—7-11-13

General and Revenue Secretariat.

Medl File No. 38 of 1913.

Serial No.

may be the direct supervising officers and that the D.C. Medical officers also may be required to supervise the working of the dispensaries, the sole responsibility for efficient management lying however on the Special Sanitary officers.

(22) Mr. Nathan in his report on the decimation of population in the Malnad has opined that even one Travelling dispensary for each Taluk will not be of much use, and has suggested the opening of at least nine additional ordinary dispensaries in the Malnad tracts (in addition to the existing 23 dispensaries) and recommends that the officers in charge of these additional dispensaries and those in charge of the existing 13 dispensaries at Mandagadde, Kumsi, Koppa Harihar pur, Sollebyle, Kalasa, Jeshurpet, Hanbal Arehalli and Alur may be made itinerant doctors as well and required to spend three or four days in a week on such work in the villages near their Head Quarters.

(23) The Malnad tracts in which the Malnad Scheme order is to operate is shown in para 5 of the G.O. dated 24.2.14.

Submitted
24.3.14.

B.S.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

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General and Revenue Secretariat.

Med File No. 38 of 1913-14

Serial No.

24.
A Comparative note on the working of Travelling dispensaries in Assam, United Provinces & the Punjab is put up.

25. It is submitted that ~~Copies of~~ the Srinivasa Rao's report together with this note may be forwarded to the Madras Imp: Committee for submitting definite proposals ~~&c~~ in the matter

Arm 26/5

Sec 4)

26.
The Note is useful. A draft as suggested may be prepared

Draft Arm 29/5

27. Draft submitted

Adm 5/
29.5.14

Sec 4).

Arm 30/5

28
The draft may be approved.

Draft as approved 7/6

Second member) 29 Draft approved by the 2nd member

11/6/14

30 Issue

Draft 12/6

Arm 13/6

31
To the Secy to the Madras Improvement Committee
Letter No. 12789 of 17.6.14

7

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

General and Revenue Secretariat.

Med File No. 38 of 1913-14

Serial No.	
7	32 Forwards a copy of Sr. Sreenivasa Rao's note recd with sl 5 & a Comparative note on the working of Travelling dispensaries in certain Provinces and requests subn for the orders of Govt of definite proposals of the Committees in regard to the opening of Travelling dispensaries.
8	33. Letter no: 43 of 12/17. 10.14 from the Special Asst: Officer Malnad Improvement, Shimoga Distt. Submits a report re: opening Travelling Dispensaries for the Malnad areas in the Districts of Hassan, Shimoga & Kadur together with Copies of resolutions of the three District Committees on the subject
9.	34. Letter no: 6 of 23/25. 10. 14 from the Dy Commr & Chairman, M. D. Committee, Shimoga Distt. States that the Special Asst: Officer, M. D. Scheme Shimoga Distt has in his letter of 12.10.14 (sl: 8) put forward new proposals of his own which have not been considered or approved by the Committee & that he was not in order in doing so and submits a memorandum detailing the Scheme as approved by the Committee.
	35 A Statement embodying the information and proposals contained in the three papers under disposal is prepared and appended to these notes.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

Statement ~~showing~~ furnishing certain particulars re: Travel

Proposals of the deputy Sanitary Commr Dr M. Srinivasa Rao	Proposals of the Malnad Improvement Committee Concerned	Proposals of the Spe Revenue offic
10 dispensaries may be opened for the present — 5 for Shimoga Distt, 3 for Kadur Distt and two for Hassan District. Each dispy must be in charge of an officer not lower in rank than an Asst Surgeon who should be given ~~deputation~~ grade pay + Rs 50 local allowance in addition to travelling allowances under the rules. The Senior Surgeon himself can supervise & control the work of Asst Surgeons in charge of Travelling dispensaries. The Medl Stores can stock all the drugs, instruments & supply them to Travelling dispensaries on monthly or quarterly indents.	Shimoga District Committee Generally agree with the Scheme outlined in paras 36 to 43 of the report by Mr Matthan on Mr. D. Scheme but suggest that the fixed travelling allowance to Medl officer in charge of the dispy may be Rs 75 for an Asst Surgeon & Rs 30+20 to a Sub Asst Surgeon (exclusive of Rs 20 for office transport charges in both cases) Kadur District Committee Travelling dispensaries not being of much use, Stationary dispensaries may be opened in the under mentioned places:— Balur, Gambede, Bantakeri, Lakkavalli Aldur, Attigundi, Malandur, Nagenhalli Chickagrahar, Kothalli, Benjur The Sub Asst Surgeons in charge of these dispensaries may devote mornings to visit villages within a radius of 8 to 10 miles & afternoons for dispy work Hassan District Committee Agree with the Dy Sanry Commr in his proposals ~~as~~ with the modification that the supervising officer should be at least an Asst Surgeon, 1st class, if not a Surgeon	Shimoga Distric (1) To establish a new dispy at Aralgode, Sagar Tal (2) To convert fixed dispens at Anantpur, Mandagad Nagenhalli, Hunchadaka Nagar & Kumsi & Aralg (3) To establishing 2 Trave dispensaries Grand Total of the above Cost for 6 months of current year from 1.1.15 to 30.6.15 Kadur Distt (1) Opening 3 new dispensa at Balur, Lakkavalli Aldur (2) Converting the above 3 pensaries & those at Bi Kalasa, Sollebile, & Mant or 7 in all into Semi-M dispensaries. Grand Total cost for 6 months of cur year Hassan Distt (1) Establishing one Travelli (2) Converting into Semi-M dispensaries the existing a Hanbal, Yeshwapet & Ar Ja Cost for 6 months For details vide State

N.B.: The Sanry Commr is of opinion that an officer of the rank of Sub Asst Surgeon will do for the charge of a Travelling dispy & the Special Sanitary officers may be in direct supervisory charge of Travelling dispensaries and be responsible for their efficient management

ning dispensaries proposed to be opened in the mahad.

eral	Proposals of the Dy Commr or Chairman of the Dt. D. Committee	Remarks.
	Shimoga D.A.	
cost-	(1) To open two new dispensaries	The proposal to appoint District Sanitary officers as Itinerating Medl. officers as well is ~~xxxxx~~ also pending orders in the linked file (med 144 of 1912-13). There is at present a district Sany officer in all the 3 districts of Shimoga, Kadur & Hassan.
k 1632 (per year)	(1) in Sagar Taluk & (1) in Sorab Taluk. ——— Distrct 450 Recurring 216+ 281	
nis	(2) To convert existing dispensaries	
der ~~xxxx~~	at Nagar Valli, Mandagadde	
tte, 9450	Nagara Anantapur into Semi	
ode	Itinerant ones.	
lling 6300	cost-	
17682	Trust for the current year from 1st Feby to end of June 1915 } 5200	
about- 9900		
= /		
nis } 5796 d		
ris- } 9450 ane, ~~xxxx~~ pen ionant		
T 3246		
nt 8600 (about)		
ict.		
rdisty 3540		
inerant-		
s at- 4050 thalli		
e 75-90		
Rs 4200.		
nts I, II & III		
~~xxxx~~ to Rs 8		

G. R. S. 12]

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General and Revenue Secretariat.

Med File No. 38 of 1913-4.

Serial No.

36

The proposals of the Special Revenue Officer, Shimoga District & those of the Dy Commr & Chairman of the Same District vary in some respects and the Dy Commr has remarked in his letter dt 23/10/14 that the Rev: officer was not in order in making his proposals and requests Govt to issue Suitable orders in the matter. If approved, the file may be referred unofficially to the Sanitary Commr with a request that the proposals of the Several Committees may be scrutinized and a practical scheme with details of minimum cost involved may be submitted for orders of Govt.

Paper under disposal III

The refce books relating to the case returned in the Branch to reduce the bulk of the file.

Dlms 28.10.14

Dlms-51 28.10.14

37 May this file be sent to San' Cmr for preparing a workable scheme.

Es 2/11

B 29/10

B 3/11/14

Es 2/11

38

The Sanitary Commissioner may be unofficially consulted in this matter:-

Dlms 4/11

h 4/11

NOTE—Contn. sheet.

GPE—63,000—15-9-11

2788

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G. R. S. 12]

General and Revenue Secretariat.

Med File No. 38 of 1913-4

Serial No.

39 Forwarded unofficially to the Sanitary Commissioner for favour of proposing a practical scheme with estimate

BO

Srinivasa Rao

4-11-1914. Dr. MB Sec?

No. 87 D, 4-11-14

NOTE—Contn. sheet.

GPB—03,000—15-9-11

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[G. R. S. 12]

General and Revenue Secretariat.

File No. 38 of 1913-4

Serial No. 40

M.O.M. 4
12 NOV 1914

TV
13/11

The objects that a Travelling Dispensary is intended to serve are to bring the benefits of Medicine and operative surgery to the very door of the people and to be an agency (1) for the treatment of minor ailments, (2) for the distribution of quinine during the malaria seasons, (3) for carrying out inoculation work, (4) for combating cholera and other epidemics and (5) for the education of the people on the care of their health. But the chief factors that in practice are found to limit its scope for usefulness are (1) the large area that a Travelling Dispensary has to cover and the consequent discontinuity in the treatment of patients and (2) the lack of any degree of certainty in being able to bring the physician within a few hours in case of emergencies. From Dr. Srinivasa Rao's report on the working of travelling dispensaries in the United Provinces it is seen that success is almost entirely due to officers of high status (I.M.S.) being in supervisory charge of the Travelling Dispensaries, that is to say, the high surgical skill displayed by the officer captures the imagination of the people. It is neither possible nor necessary to inaugurate Travelling Dispensaries in Mysore on the same scale as in the United Provinces nor on an identical basis. All that is needed is,, as observed by Mr. Matthan in his

NOTE.—Contn. sheet.

G.P.—20,000—20-1-12

13

G. R. S. 12]

General and Revenue Secretariat.

Med File No. 38 of 1913-4

Serial No.

his report, to " bring the benefit of scientific medicine prominently before the rural population and encourage them to seek proper advice and aid in cases of serious illness ". To the word " prominently " I would add " persistently ". This can be done in no better way than that suggested by the Malnad Improvement Committees of the Shimoga and Kadur Districts.

2. But there is danger of the work a degeneration of work in the proposed new dispensaries unless at the same time arrangements are made for constant and efficient supervision. The District Medical Officer will not, in view of his other duties at Head Quarters, be able to inspect the work of these dispensaries more than twice or thrice during the year. I would therefore propose the appointment of an itinerant Medical Officer for the malnad portions of each of the Districts of Shimoga, Kadur and Hassan, - whose duty will be to rapidly itinerate in his area, inspecting the Dispensaries, co-ordinating their work, helping the Sub Assistant Surgeons in their dispensary duties and undertaking all ordinary operations. The Medical Officer may be of the rank of an Assistant Surgeon of the VIth Class and may be given the malnad allowance of Rs. 50/- per mensem. He

NOTE—Contn. sheet.

GDB—20,000—20 1-12

G. R. S. 12]

General and Revenue Secretariat.

hed File No. 38 of 1913-4

Serial No.

He may be also allowed a peon and a grant for contingent expenses.

3. The duties of the Sub Assistant Surgeon in charge of a Dispensary in the malnad area will be to:-

(a) treat the sick,

(b) watch the safety of water-supplies,

(c) take the splenic index of the whole locality once or twice in a year,

(d) take the census of the population suffering from cachexia,

(e) endeavour to get into touch with the people and talk to them on health matters,

(f) attend to vaccination work,

(g) carry out such anti-malarial measures as may from time to time be suggested by the District Sanitary Officer,

(h) popularise quinine both as a preventive as well as a remedial measure,

(i) Examine the health of school children,

(j) combate plague, small-pox, cholera and other epidemics, and

(k) carry on inoculation in his circle.

4. It will also be the duty of the Sub Assistant Surgeon to study the Etiology of the diseases in the malnad whose precise causes are yet unknown with a view to ascertain how far the

NOTE—Contn. sheet.

GDB—20,000—20-1-12

the local conditions, climate, habits of the people or other factors influence their origin or the extent of their prevalence. He will for this purpose maintain continuous detailed histories of the cases that come under his observation or treatment. At the end of the year he should summarise his notes and submit a generalization of the plausible inferences to the District Sanitary Officer who will collate the facts for publication as an appendix to the report of the Malnad Improvement Committee.

5. In the case of semi-itinerant dispensaries the Sub Assistant Surgeon will in addition to the above, tour within his area for not less than 15 days in the month carrying medical aid to villages and attend to such other items of work as fall within the scope of his duties.

6. The monthly and other periodical returns will, as usual, be forwarded to the District Medical Officer, through the Inspecting Medical Officer. Those relating to vaccination and inoculation, however, will be furnished to the District Sanitary Officer instead of to the District Medical Officer.

7. The cost of each new dispensary will be approximately as follows:

	Initial	Recurring
Building with an in-patient ward...	11500	
1 Sub Asst. Surgn. 40 plus 20 C.A. plus 20 M.A.	960	960
1 Compounder ... 12 plus 5 17 X 12	204	204
1 warder - 8 ...	96	96
1 waterman - 6 ...	72	72

	Initial	Recurring
1 sweeper -4	48	48
1 Midwife - 25 plus 5	360	360
Dieting charges ...	100	100
Country medicines and other contingencies	100	100
Furniture, bedding etc	200	50
Eng. Med. & instruments	500	500
Quarters for Sub Assistant Surgeons...	3000	-
Quarters for Midwives ...	1400	-
Quarters for compounders	1400	
Quarters for warder ...	800	-
Total ..	20740	2490

The cost of converting a stationary Dispensary into a semi-itinerary dispensary:

	Initial	Recurring
Tent	150	-
Travelling allowance ...	360	360
Transport charges	240	240
Special medicines	600	600
Extra grant for dieting and contingencies	120	120
Travelling cooly	120	120
Total	1590	1440

Abstract.

Shimoga District.	Initial	Recurring
For opening two dispensaries in the Shimoga District ...	41480	4980
For converting 4 existing Stationary Dispensaries into semi-itinerant ones	6360	5760
Kadur District.		
For opening 11 dispensaries	228140	27390
Hassan District.	Detailed proposals not received; but the expenditure may be on the same scale as in the other Districts.	

18

47

Supervision.

	Initial	Recurring
One Inspecting Medical Officer on 100 plus 50 for each District ...	5400	5400
Travelling allowance at Rs. 75/- per mensem for each	2700	2700
Contingencies at Rs. 200/- per annum	600	600
1 peon at Rs. 9/- ...	324	324
Grand total exclusive of Hassan District ...	*285004	47154

*Includes cost of Supervision for Hassan Distt

8. It may not be easy to find officers and subordinates all at once to fill up the new places but efforts will be made to secure the services of competent men by advertising. I note that according to the Resolution of the Malnad Improvement Committee of the Kadur District, the new dispensaries are to be opened only gradually, in the order of urgency.

9. The Malnad Improvement Committee should define the jurisdiction of each of the dispensaries proposed to be newly opened as well as the area of itineration in the case of those proposed to be converted into semi-itinerant ones.

10. The cost of providing quarters to the dispensary staff may be considered prohibitive but we have to take into account the facts (1) that houses are not easily available in the malnad (2) that a Committee whose care it is to carry comfort to the very doors of the people ought to provide for the comforts of the agents they employ for the purpose and (3) that the residence of the staff on the premises of the dispensary is conducive to more efficient work.

P.H. 11th Nov. 1914. Sanitary Commissioner.

R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 1913-4.

Serial No. 41

Subd for orders with refce to the U.O reply from the Senior Surgeon.

4 The Senior Surgeon proposes that an Asst Surgeon 6th class on Rs 100 + mahad allwce of Rs 50 per mensem may be appointed Itinerating Asst Officer for the mahad portions of each of the districts of Hassan, Shimoga & Kadur in order to ~~Supplee~~ Supervise & Supplement the work of Sub Asst Surgeons in charge of dispensaries. The Senior Surgeon also approves of the proposals of the M. D. Committees of the Shimoga and Kadur Distts to open ~~addnl~~ new dispensaries in some places and convert these & some of the existing ~~dispensaries~~ ones into Semi-Itinerant dispensaries.

4 The total cost of the Senior Surgeon's proposals is estimated as follows:—

Shimoga & Kadur distts Rs. 2,850 0 4 (Initial) & Rs 44146 (Recurring)

Hassan district. — Rs 3008 (For Supervision)

Rs 20740 (Initial) & Rs 2490 (Recurring) } For each dispensary to be newly opened

Rs 1890 (Initial) Rs 1440 (Recurring) } For converting ~~the~~ each existing dispy into Semi Itinerating one

The cost as estimated above ~~title~~ includes also

NOTE—Contn. sheet.

GPB—25.000—2-11-14

2786

(19 20

F. R. S. 12]

General and Revenue Secretariat. | Mad File No. 38 of 1918-4

Serial No.

Heal of providing quarters for the Sub asst Surgeons, Midwives, Compounders and bearers of dispensaries proposed to be opened

Adm-51

10.11.14

B.S.

44 The formation of the Travelling Dispensaries is one of the schemes referred to in the G.O of 24.4.14 to be formulated by the Md. Committee for improvement of the Madras. The question now for consideration is the Settlement of a practical workable scheme of Travelling Dispensaries.

45 The suggestions of Dr Srinivasa Rao who was specially deputed to study their working in the United Provinces where they are first-class and fully detailed in the note submitted by them; but the main points to be considered are these:-

1. The agency; 2. Establishment; 3. Cost;
4. Mode of itineration, 5. Suspension, 6. Number.

46 Agency:

Dr Srinivasa Rao recommends that no officer below the rank of assistant Surgeon should be in charge of each of the Travelling Dispensaries. Mr Nathan also recommends that preferably Asst Surgeons of the last class may be appointed.

These will qualify and be the best for treatment of ordinary ailments but Asst Surgeons are quite reliable. With the help of one Asst Surgeon and

NOTE—Contn. sheet. may open 2 or 3 dispensaries

23/11/

GPB—95,000—2-11-14

Serial No.

The Sanitary Commissioner does not accept this view and considers that this work can be done very satisfactorily by a Subassistant Surgeon. His suggestion may be accepted. In the United Provinces, Assam & other parts of British India where these dwelling dispensaries have been started, they are all in charge of Subassistant Surgeons, and have been reported to work very satisfactorily. So long as the supervision is kept in an efficient condition, the ~~not~~ Subassistant Surgeons may be safely trusted to be in charge of these dispensaries. The Madras & Committee are in favour of this proposal and the Bombay & Committee do not appear to be against it.

47

Supervision.

Dr Sreenivasa Rao suggests that the Sanitary Commissioner may inspect these dispensaries. This is impracticable. The Sanitary Commissioner has multifarious and very important duties to perform, and he cannot find time to regularly inspect these dispensaries. The Sanitary Commissioner originally suggested that a Special Sanitary officer appointed to each presidency & Madras &c may be the supervising officer. They are the persons who will be knowing constantly on these heads; and all places are

R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 1913-4

Serial No.

officers with European training and qualifications; and these may be entrusted with the work of supervising these itinerant hospitals. In fact, they may be left entirely under their control. Even if a separate officer is appointed to control these dispensaries in 3 districts, he may not be able to inspect them so constantly on account of the distance and difficulties of communications as these officers could do.

They may be placed under the control of the Sanitary Officer attached to the Presidency Corporation

48

Travelling itineration and Number

Dr Srinivasa Rao proposes 10 dispensaries, and Mr Mathan agrees with him excepting that he would like to have only one for Travancore instead of two. ~~suggests 6 for Travancore~~ The Madura District Committee are not in favour of these fully itinerant dispensaries but recommend additional dispensaries, and the touring of the Subassistant Surgeons in charge in the neighbouring villages in the mornings. Mr Mathan also favours this view with regard to these dispensaries which ~~have~~ are less important. These less important dispensaries may be made semi itinerant, as there is no difference of opinion, but as an experimental measure, the travelling dispensaries may also be started, as they have been found very successful in British India. If the working is not found satisfactory they may be located in different centres converted into

NOTE—Contn. sheet.

GPB—25,000—2-11-14

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2786

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 1913-4

Serial No.

Semi itinerant ones.

49 It may perhaps be desirable to sanction the scheme in general, and then start the dispensaries or convert the existing ones into Semi itinerant ones according as men become available, and in the order of urgency.

50 Establishment rent

Since the scheme is for the present temporary, the question of providing buildings may not be considered urgent. Tents may be provided for itinerant hospitals, but may not be necessary for the Semi itinerant ones, if the mode of itineration recommended by the Kadur Committee be adopted.

51 It seems unnecessary to allow as large travelling allowance of Rs. 30/- a month for the Semi itinerating Subast Surgeons. They travel for only 15 days in the month, if the suggestion of the Committee is adopted, he does not go beyond a distance of 15 or 16 miles from the head quarters of a cart to carry the medicines &c it is allowed, the necessity for transport charges is not clear. As the allowance of Rs 15/- only is given to the Dt. & S.A. Surgeons in charge of the travelling dispensary.

17/1/14

The work is attended by much exposure & discomfort. The allowance may be fixed at Rs 20

(Seen)

52 The scheme contained

NOTE—Contn. sheet.

GPB—25,000—2-11-14

G. R. S. 12]

(24

~~1406~~
27-2

General and Revenue Secretariat.

Med File No. 38 of 1913-14

Serial No.

× N
(Cmc to SC ; 9)

in the memorandum accompanying Mr Matthai's letter may be generally approved and the Dy Comms required to send specific proposals as regards the dispensaries required.

53 Semi-tribunal dispensaries are not likely to be very useful as much time will be lost in moving to and fro.

54 What is required is that people in the tribunal should have some means of getting medical relief. Serious cases may be sent to a hospital where there are facilities for more continued treatment

55 For some time the cost on account of these travelling dispensaries will have to be charged to the fund provided for Backward Improvements

by
23/4/14

Leg

NOTE—Contn. sheet.

GPE—25,000—2-11 14

25

278½ / 24

General and Revenue Secretariat. | Med File No. 38 of 1913-4

Serial No.

56

Please consult the Fin dept in regard to the proposals

Draft

571

5/1/15

Finns 1026/14-15

I or II)

57

Sub?

58 The entire cost is proposed to be met from Malicad. Dept Grant.

59 The scale proposed for converting existing dispensaries into Semi-itinerant ones ~~may be so~~ does not seem to be open to objn. But that for new itinerant dispensaries seems to contain some doubtful items such as watchman, sweeper, medicine, warder etc. It is doubtful how all these can be located in one tent; and what will be found further all tent? It seems therefore perhaps be better to drop the itinerant dispensaries and sanction only for the present only some of the Semi-itinerant ones. The right being merely to familiarise people with western Medicine, the latter is as good as the former but ~~very much~~ less costly

60 Owing to the altered financial

Apparently these are new Dispensaries opened at particular places and required to work also as itinerant Dispensaries & that is why the full complement of establ- a Dispensary is proposed for each

initd 14.1.15

NOTE—Contn. sheet.

GPB—25,000—2.11.14

Serial No.

Conditions it is necessary to ~~be~~ Exercise Care in Sanctioning extra Expr and it would be better if ~~only~~ the new items are Sanctioned gradually so that they ~~their~~ may not prove a strain on the finances and may admit of being abolished when necessary if ~~found~~ a ~~Surplus~~ becomes necessary

25 (Secret) 9-1-15

61 The draft proposes to Sanction the ~~pol~~ Conversion of 6 existing Dispensaries into partly itinerant ones at an annual Cost of Rs 1440 each besides a non recurring charge of Rs 150 for a tent for each Dispensary, and the opening of 4 new Dispensaries which are also to work as itinerant ones. The annual cost of these is: non recurring Rs 350 each and recurring Rs 2440 each

62 The Scale of pay and allce of the estabt proposed for the new Dispensaries is in excess of that generally allowed to 2nd Dispensaries. No new allowances are proposed for the S. A Surgeon who is to get only one allce. The Compounders pay is fixed at Rs 12+5 but the ordinary starting pay of a Compounder is only Rs 8+2

one is that is known as the usual charge allowance & the other will be a fixed travelling allowance for

NOTE—Contn. sheet.

(26 29

G. R. S. 12]

General and Revenue Secretariat. | Red File No. 32 of 1913-4

Serial No.

an assistant is allowed every three years. The pay allowed to the Warder is Rs 8 which is the maximum given in some cases - why the maximum is proposed to be given at once is not stated - The pay proposed to the Vaccinator is also in excess of the rate usually allowed which is in many cases only Rs 4 for a sweeper is not allowed for every dispensary while there are other menials who can do sweeping it may not be necessary to have a separate hand for this work. Again the pay allowed to the midwife is Rs 15 while the starting pay allowed is only Rs 15. The rate of Rs 5 proposed is in order. As there appears no case for the enhanced rate of pay proposed the adoption of the usual scale of establt allowed to a new dispensary is recommended.

It is doubtful whether it will be possible to get a qualified compounder in the locality mentioned in para 8 of

23/1/15

It is not possible to get a servant on the salary mentioned in para 4.

It would do to send a nurse. An experienced midwife has to be selected

63 The statement of cost of new dispensaries does not include items of charges relative to their itinerant work. It can not be made out how these charges are to be met.

If a fixed G.A. is given it is not clear that this will cover the

64 It is part of the function of a District Board to provide for the medical relief of its population and a portion of the cost of existing dispensaries is being,

The financial and the Boards concerned

NOTE—Contn. sheet.

GPB—25,000—2-11-14

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 38 of 191 3-4

Serial No.

does not permit
of their undertaking
this Objection
nor also of that incidental
to the conversion of some of
the existing stationary
dispensaries into partly
itinerant ones

to being borne by Dt Boards. It is not clear why the usual share of cost of the new dispensaries should not be paid by the Shimoga Dt Bd.

Bor IV)

mell
15/1/15
M

65. Submitted for orders.

Bdn-51
18.1.15

66. Please put up in a tabular form the Sanctioned scales of charges, and note in pencil in the remarks column this table the draft order of the Financial Branch.

Bdn-51
19.1.15

67. Re-submitted with a clean copy of the Statement with notes in pencil as directed

Bdn-51
20.1.15

68 The financial objections are noted in pencil. First with regard to the travelling allowances proposed for the opening of new Semi-itinerant Dispensaries, the allowance called "mahad allowance" to members the fixed travelling allowance, and not any separate allowance. The words will be altered in the proposed draft.

69 as regards the compounder, the maximum pay is fixed apparently because difficulties may be realised in getting the Services of trained men, and because the Dispensaries

NOTE—Contn. sheet.

GPB—25,000—2-11-14

Serial No.

are experimental and not permanent.

70 The warden is proposed in place of the Dispensary ~~in place of~~ the present Local Fund Dispensary, and if approved, his pay may be fixed at Rs. the highest pay now given in some of the Malnad Dispensaries, and the former may be omitted. The valiyman's pay is in some cases fixed at Rs 5/- and may be taken as the standard.

S 21/4/15

Dy Secy)

71 The scheme may be sanctioned, as proposed in the draft for one year

(Council meeting)

A
23/1/15

Secy

72 May be circulated for consideration at a meeting of the Council

Dewan & 2 Nos
25/1

(Extraordinary member Dewan)

73 The scheme as drafted may be sanctioned for one year. Perhaps it is doubtful whether the Semi-itinerant dispensaries will be of much use.

A
25/1.

GS 25/1

DPH Dewan 25/1

AS

NOTE—Contn. sheet.

5410
11-2-15

GPB—25,000 - 2-11-14

2786 29

G. R. S. 12]

General and Revenue Secretariat. Govt File No. 38 of 1913. 14

Serial No.

(Treatment of Dispensaries)

74 The papers may be circulated & brought up at a meeting of Council.

12.2.15 AC

C.S Dunn 10/2

15/2

NOTE—Contn. sheet.

GPB—25,000—2-11-14

For disposal at a Meeting.

31

No. C. 412.

18. 2. 1915.

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

Establishment of semi-itinerant dispensaries in the Malnad.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

D. M. Narasinga Rao,

16th February 191 5.

Offg. *Secretary to Government.*

Extraordinary Member of Council. Opinion recorded by the Extraordinary Member of Council.

First Member of Council. Seen by First member.

Second Member of Council. 24/3 [illegible]

GPB—1,000—28-8-14

GPB—1,000—19-7-13

32

38

75

Extract from the Proceedings of the ..... 340th ..... Meeting
of the Council of His Highness the Maharaja,
held at ..... Bangalore ..... on the 19th March 1915. ~~191~~ .

15. SUBJECT. - (Clauses iii & viii of the Schedule).

Establishment of semi-itinerant dispensaries in the Malnad.

OPINION OF THE COUNCIL.

Three of the existing dispensaries in Shimoga District may be converted into semi-itinerant dispensaries and two new itinerant dispensaries may be started in Hassan District. The cost may be met out of the Malnad Improvement grant. The Malnad Improvement Committees may settle all details in consultation with the Senior Surgeon.

Sd. M. Visvesvaraya.
Dewan of Mysore.

"Extract"

D. M. Narasinga Rao
Offg Secretary to Govt.

2786 33 (34

General and Revenue Secretariat. | Red File No. 38 of 1913-4

Serial No.

76 Extract from the Proceedings of the Council is put up.

77 Forwarded with compliments to the Financial Secretary, under paragraph 8 of the G.O. dated the 6th May 1907.

D. M. Narasinga Rao 28/3
Offg. Secretary to Government

78 I agree provided all extra cost is lasting as long as and being debitable to temporary ~~re-debitable to~~ the Malnad Improvement grant. JM 28/3

D.S.N

1391.

Lr. to D.S.N

Secy

6356 / 31.3.15.

D.Secy)

A 3073/15 GS 30/3 Dasinga Rao

NOTE—Contn. sheet.

GPB—25,000—2-11-14

19 *Submitted to His Highness.*

These papers relate to the question of providing suitable medical relief in Malnad tracts which are not within easy distance from the existing Local Fund Dispensaries.

2. In forwarding a copy of the report of Dr.M.Sreenivasa Rao, Director of the Public Health Institute, who was recently deputed to collect full information regarding the organization and working of the Travelling Dispensaries in the United Provinces, the Sanitary Commissioner expressed the opinion that the establishment of such dispensaries in the State might be limited to the Malnad tract and that each of the said dispenasries might be placed in the charge of a Sub-Assistant Surgeon under the supervision of the District Medical and the Sanitary officers of the District. Dr.Sreenivasa Rao's report was also considered by the Malnad Improvement Committees of Shimoga, Hassan and Kadur and their proposals are now before Government.

3. On a consideration of the several proposals, the Council at their meeting held on the 19th March 1915 resolved that three of the existing dispenasries in the Shimoga District may be converted into semi-itinerant dispensaries (i.e. the Sub-Assistant Surgeons in charge of these dispensaries should tour in the villages under their charge for a prescribed period) and two new itinerant dispensaries may be started in the Hassan District, the cost being met from the Malnad Improvement grant for the respective districts and that the Malnad Improvement Committees may settle all details in consultation with the Senior Surgeon.

4. The Financial Secretary agrees with the Council subject to the condition that all extra cost is temporary and is debitable to the Malnad Improvement grant. This is

33 38

of course understood.

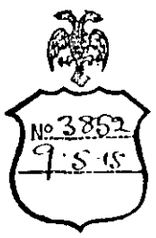
5. The scheme proposed is experimental in character and the experience gained from the working of the dispensaries in question will enable us to decide how far their establishment in other places will be useful. The recommendation of the Council may be graciously approved.

M. Y. Dubash
9th May 1915.

34 36

27 x 3

Record of Cases submitted for the Orders of His Highness the Maharaja



Subject.

80 Establishment of semi-itinerant dispensaries in the Malnad.

1098

Order.

~~KRW~~
15/5/15

81 Sc. 1
17/5/15

82 Put up draft
15/5

6.6.15.

12/7

General and Revenue Secretariat. | Med File No. 38 of 1913-14

Serial No.

83) Draft G.O. submtd. vide note in the Order-41 linked file (Med 144-12) also.
26.5.15

Gs 26/5

Order)

84 Please see the draft as revised & I have agreed to avoid further correspondence I have inserted in the draft, the proposals for allowances under the Chemical Surgeon - Rs 50 p.m. to any one who has to come out always & Rs 30 to one who is in charge of the semi-chemical dispensary cannot be allowed to merit

Gs 28/5

85) Typed draft submtd.
Order-41
1.6.15

Gs 1/6

Order)

86) Draft may be approved

Sd/- Chandu Lal
Member

Sd/-
Member

Gs 2/6/15

NOTE—Contn. sheet.

GPB-25,000-2-11-11

G.J.R. S. 12]

2786 36 3.4

General and Revenue Secretariat. | Med File No. 38 of 1913-4

Serial No.	
87	Draft approved by the Extraordinary member mad 6/7/15 Draft approved by the Dewan 7.7.15 dmw 5/7
7750 8.7.15	Issue early. EB 7/7
10	To the Sany: Commr, the Senior Surgeon, the Comptroller & the Dy Commrs & Chairmen of the Mr. D. Committees. G.O. No: 184-9 & 9.7.15 Sanctions the Conversion of 3 of the existing dispensaries in the Malnad parts of the Shimoga Distt into Semi-itinerant ones and two itinerant dispensaries for the Malnad parts of the Hassan and makes certain matters re: the details as to the places where the Scheme, shall be given effect to &c; also calls for a report at the end of April '16 as to the working of the dispensaries and for proposals in Consultation with the Mr. D. Committees regarding the Continuance and increase of such dispensaries.

NOTE—Contn. sheet.

GPB—25,000—23-3-15

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

The undermentioned Reports are sent herewith to the Library:—

Copies of notes on the annual statements of the Dispensaries and charitable Institutions in the Punjab for the years 1911, 1912 ~~& 1913~~.

Triennial report on the working of Charitable Dispensaries in the Punjab for the years 1908, 1909 & 1910.

Report on the Sanj Account of the Punjab and the Proceedings of the Sanj Board, Punjab for the Years 1910, 1911 & 1912

6 Reports.

Please acknowledge receipt of the above & return this note.

22.7.15

Received six reports.

23.7.15

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—50,000 –29-6-14

4D

Sus 15-13

G.R.S. 26] File No. 38-1.

Serial No.

Diary No. of letter replied to

P&C No. 99

General and Revenue Secretariat
( )
, *the* 19 .

To

The Asst to the Hon'ble
the Resident in Mysore

Date of issue 1. 8. 13.

Signed by Mr K. R Srinivasaraghavan

Sir,

I am directed to state that the Durbar has come to understand that travelling dispensaries have been working for some years in the provinces of Assam, the Punjab and the United Provinces, and to request to be favoured with Copies of the orders regulating their Constitution and working,

over.

SUBJECT.

in those provinces, and with any other publications of those Governments relating to them Such dispensaries, that may be available for the reference of the Durbar.

I have etc

Asst

Dur Secy.

List of enclosures,

Copied by JHM 31/7

Examined by JHM 31/7

GPB—20,000—23-9-10

Pol No 6238 11.10.13

42

IV
13/10
pm

No. 6334
2 — 4 together with 6 reports.

FROM

D 2321

P. B. WARBURTON, Esq., I. C. S.,
FIRST ASSISTANT TO THE RESIDENT IN MYSORE.

To

Misc 38-135 : 2

The Dewan of Mysore.

1. Secy
13.10.13

Dated Bangalore, 13th October 1913.

Sir,

With reference to Mr. Srinivasiengar's letter No. 99 Pol. dated the 1st August 1913, regarding Travelling dispensaries, I am directed to forward herewith a copy of the correspondence noted in the margin, on the subject of Travelling dispensaries in the Punjab, together with copies of the Sanitary Administration Reports and Dispensaries reports in the Punjab, for the past 3 years.

Letter from the Inspector-General of Civil Hospitals, Punjab No. 657-S, dated 26th July 1908

do- Punjab Govt No. 2060-S, dated 15-8-1908,
Report on the four itinerating dispensaries established in the Punjab

Note on travelling dispensaries by Lt. Col. D.T. Lane I.M.S., read at the Punjab Sanitary Conference of 1913.

Note on travelling dispensaries by Major C.E. Southon, I.M.S., read at the Punjab Sanitary Conference of 1913

2. Any similar papers which may be received from -- Assam and the United Provinces will be forwarded in due course.

I have the honour to be,
Sir,
Your most obedient servant,

P B Warburton

For First Assistant Resident.

Sent in a list of papers

R. O. 2.—R. P. B.—8-1913.—1,000.

MM

Enc to med 3873-2

Copy of a letter no.657-S., dated the 26th of July 1908, from the Inspector General of Civil Hospitals, Punjab, to the Secretary to Government, Punjab.

So far as I can ascertain from the records in my office, no adequate provision has been heretofore made to relieve the inhabitants of tracts of country in which malaria appears from time to time in epidemic form during the autumnal months. There is certainly the system under which quinine can be purchased at cost price at post offices, which is being elaborated under the orders of His Honour the Lieutenant Governor, and provision is made by local bodies in some districts to distribute quinine during seasons when malaria is prevalent but these measures, can hardly be thought sufficient in the circumstances I have in view.

2. Although the cost of providing medical aid is one for which local bodies are primarily responsible it seems to me that the local Government might suitably render assistance when a widespread epidemic calls for exceptional measures. And I am sure that help afforded by the Government to the people in their distress would be greatly appreciated, while it is certain that a vast amount of good could be done without incurring any considerable expenditure of funds.

3. I have the honour therefore to suggest that provision be made by the local Government to give necessary relief by equiping in the first instance, for itinerating dispensaries, as an experimental measure, to meet requirements as they arise. And I may add that the same dispensaries could be utilized with good effect during cholera epidemics or in any other emergency: and I am sure something of the sort is badly needed. Each dispensary would

entail an initial outlay of about Rs.200/- on medicines, etc., and on being brought into use the following establish ment would be needed:-

A hospital Assistant on Rs.25/- in addition to which it would be necessary to grant a deputation allowance of Rs.15 and a horse allowance of Rs.10, and a compounder on Rs.15/- per mensem.

Provision must also be made for carriage of the medicines and this would cost about Rs.15 per mensem. The hospital assistant would be deputed from the provincial reserve, so his pay would not be debited to the scheme. Assuming that the dispensaries remained in operation three months in each year the following outlay would be incurred:-

	Rupees.
Deputation allowance to 4 hospital assistants at Rs.15 each.....	180.
Horse allowance to four hospital assistants at Rs.10 each.....	120.
Pay of four compounders at Rs.15 each.....	180.
Carriage of four medicine boxes at Rs.15 each	180.

aggregating to Rs.660 to which must be added Rs.800 for four medicine boxes with equipment, making a grand total of Rs.1,460. Some provision must also be made for replenish ing the stock of medicine, so the outlay would probably be about Rs.1,800, and for this amount a great deal of good could be done. When not in use the medicine boxes would be stored in the office of the Inspector General of Civil Hospitals.

(M+S)

Copy of a letter no.2060-S., dated 15th August 1908, from the Secretary to Government, Punjab, to the Inspector General of Civil Hospitals, Punjab.

P.T.O.

In reply to your letter no.657-S., dated the 15th 86

Encl to Med 38-13-2

August 1908, from the Secretary to Government, Punjab, to the Inspector General of Civil Hospitals, Punjab.

In reply to your letter no.657-S., dated the 26th July 1908, I am directed to say that the Lieutenant Governor approves of your suggestion for the equipment of four itinerating malaria dispensaries and is pleased to sanction as an experimental measure, for 3 or 4 months in each year, the establishment allowances and contingencies proposed in your letter, subject to the modification that, instead of a horse allowance the medical subordinates will be entitled to ordinary travelling allowance under the Civil Service Regulations.

Report on the four itinerating dispensaries established in the Punjab.

In accordance with the orders communicated in Punjab Government letter no.2060-S., M. & S., dated the 15th August, 1908,.four itinerating dispensaries were established in August last, one being despatched to each of the following districts:- Rohtak, Gurgaon, Delhi, and Lahore. Four additional dispensaries of the same kind were established in the Lahore district by the District Board. Each of the provincial dispensaries was placed in charge of a hospital assistant, who was assisted by a compounder. The equipment consisted of suitably equiped boxes. The dates from and to which the hospital assistants were at work in each districts are given below:-

	from	to
Rohtak	12th October 1908	1st February 1909
Gurgaon	8th October 1908	31st January 1909
Delhi	13th October 1908	12th January 1909
Lahore	9th October 1908	5th February 1909.

2. The hospital assistants were instructed to itinerate

among villages in malarious tracts in which medical relief is not available. In all 17,136 patients were treated, of whom as many as 12,361 suffered from malaria.

	Total	Fever
Rohtak	2,329	1,659
Gurgaon	6,007	4,685
Delhi	2,117	1,780
Lahore	6,683	4,237.
Total	17,136	12,361.

3. At first the people were disposed to be somewhat suspicious of the purpose underlying this method of bringing medical aid within their reach, but they soon learnt to greatly appreciate, the solicitude shown by Government on their behalf and expressed their gratitude.

4. There was not sufficient time last autumn, between the receipt of Government sanction and the givingof effect to the scheme, to devise a suitable medicine chest. This has however, now been done by the Medical Storekeeper to Government, Lahore Cantonment.

5. Lieutenant Colonel J. A. Cunningham, suggests that on first starting, in future, a tahsil chaprasi should be attached to every hospital assistant to explain to the people that he is really an agent of Government.

Enc to med 36-13 82

NOTE ON TRAVELLING DISPENSARIES.

THREE travelling dispensaries have worked under me,—one in Banjar in the Kulu sub-division and two in Ambala. The Banjar dispensary was established about 15 years ago. The spare drugs were stored in a house in Banjar and the Sub-Assistant Surgeon itinerated in the Inner and Outer Suraj. The equipment, which was specially selected, was taken in boxes by coolies. This dispensary worked very well and was of very great service when cases of Typhus occurred in the *ilaqua*. For any inaccessible thinly populated place like Kulu I would strongly recommend travelling dispensaries.

Two travelling dispensaries are working in Ambala District at present. An Assistant Surgeon is in charge of each. The average number of sick treated daily by each dispensary is eleven. I am afraid I cannot recommend an extensive employment of such dispensaries either for educational purposes or for treating the sick.

I have read a description of the 59 travelling dispensaries in the United Provinces. There "no travelling dispensary ordinarily works anywhere within a radius of five miles of any district dispensary"; so that, so far as medical relief is concerned, if there were district dispensaries within five miles of the people, the problem would be solved, and there is very little doubt it would be solved much better and cheaper by having stationary dispensaries erected so as to bring medical relief within five milies of the people than by travelling dispansaries.

Travelling dispensaries in the United Provinces cost Rs. 2,000 each per annum.

A Stationary Dispensary for out-patients would cost Rs. 1,334 per annum—

	Rs.
Sub-Assistant Surgeon on Rs. 40 per month ...	480
Compounder on Rs. 15 per month	180
Bhistie and sweeper on Rs. 7 per month each ...	160
Contingencies Rs 10 per month	120
Bazar medicines Rs. 3 per month	36
Annual Budget for drugs and surgical instruments ...	350
Total ...	1,334

If the number of patients attended to did not exceed 30 daily, a Compounder would not be required and a part-time bhistie and sweeper on Rs. 3 per month would be sufficient.

The dispensary buildings need not be elaborate, and in cases where it was thought necessary to have dispensaries immediately, temporary dispensary buildings such as are used by the Irrigation Department, but with bigger doors and windows, could be cheaply and quickly erected.

As a means of education, travelling dispensaries worked as in the United Provinces would in this Province leave seven or eight circles ten miles in diameter untouched in each district as we have seven or eight dispensaries in each district.

The men in charge of the travelling dispensaries in the United Provinces are "specially selected Sub-Assistant Surgeons under 10 years' service." I take it that the average service would be about 5 years, and as Sub-Assistant Surgeons qualify when about 22 years of age, the average age would be about 27 years. I am afraid the advice of unknown young men 27 years of age would not carry much weight with a Punjabi villager, nor do the

villagers of the United Provinces appear to take much notice of their advice either—"not more than 2 per cent" of the cases advised to go to the Sadr Hospital ever find their way there "even though the cost of conveyance is offered to poor patients." The agency that fails to get people suffering from cataract to go to hospital for operation will certainly fail to get people to house their cattle in byres outside dwelling-houses, to keep their provisions in rat-proof vessels, or to take any useful measure for the prevention of disease.

The travelling dispensaries in the United Provinces attended to about 5 lakhs of out-patients during the year ending the 30th June 1912 ; of these over one lakh suffered from skin diseases, 77,733 from malaria, and 73,167 from eye diseases.

I would strongly recommend travelling dispensaries for thinly populated inaccessible places like Kulu, but I certainly would not recommend them for general use in the plains, and I am of opinion that the general adoption of them would be a false step in the prevention and treatment of disease.

D. T. LANE, LIEUT.-COL., I.M.S.,

The 8th August 1913. *Civil Surgeon, Ambala.*

Punjab Govt. (Branch) Press, Simla—19-8-13—No. 136 C. S.—60—C. D.

TRAVELLING DISPENSARIES.

We have at present *21* Travelling Dispensaries working in *13* districts under *5* I. M. S. Officers and *16* Assistant Surgeons. Each of these dispensaries is provided with two medical panniers and a small portable medical haversack, which are well stocked with medicines, a liberal range of which is allowed. An Annual Indent is prepared, and the stock received is kept at head-quarters quite separate from that belonging to the Civil Surgeon. From this stock the panniers are replenished from time to time. Emergent Indents are prepared when the supply of any particular medicine has run short before the annual supply is due. Recently 10 sets of surgical instruments, including a Case for Eye Surgery, a Surgical Case and a portable Steriliser have been indented for and will shortly be distributed to enable the staff to do more surgical work and so extend their usefulness.

Up to the present they have been dependent on the kindness of medical *confrères* at hospitals and dispensaries, who have afforded facilities for the performance of surgical operations. That these opportunities were taken advantage of is shown by the fact that so many operations of various kinds have been performed. One officer alone, Captain Mills, I.M.S., performed 105 Cataract Operations. I should mention that it is a strict rule that no surgical work is to be undertaken unless the after-treatment can be suitably arranged for.

The *modus operandi* is somewhat as follows. The Medical Officer sends his chaprassi out to the village or villages he intends to visit the next day, to inform the lambardars, who in turn give notice to the villagers of the doctor's intended visit.

On arrival, the village chaukidar is sent for, and he calls the lambardars, accompanied by whom a tour of inspection is made of the village, and advice on sanitary improvements is given. Much good has been done in this way in getting manure heaps cleared to sites outside the village, in having suitable drains dug to carry off water which was stagnating in the streets or around wells and in having pools and puddles filled in.

If there is a Primary School in the village he examines the scholars for evidences of Malaria or Enlarged Spleens. He then visits those sick who are bed-ridden or who are women, and finally he sees his remaining patients, who often run into hundreds.

When Small-pox is prevalent, he is often called on to perform vaccinations and in Cholera Epidemics he may find his whole time occupied in fighting this scourge, as has been the case this year both in the Lahore and the Ferozepore districts.

In bad malaria seasons he finds himself very busy indeed in supplying Quinine.

In and out of season he is Lecturing on the causes of such diseases as Cholera and Plague and pointing out how they may be mitigated by the disinfection of wells, suitable nursing, evacuation and inoculation.

In bad plague years, he finds his hypodermic needle is kept fully occupied in performing inoculations and has the satisfaction of knowing that of a certainty he is saving many a life which would otherwise have succumbed to plague.

According to the size of the village and the number of patients the Travelling Dispensary stays for a longer or shorter period and then moves on to the next camp.

The Popularity of these Travelling Dispensaries is great and is increasing as they are becoming better known.

It is apt to become embarassing at times, when the Medical Officer finds his patients following him from camp to camp, for it comes to be a question as to how to accommodate them, and he has sometimes found it necessary to give up one of his tents for their use.

In order to make the Travelling Dispensaries still more popular and in order to obtain audiences both of the healthy as well as of the sick, we have a scheme in hand to supply Medical Officers with Magic Lanterns. An important part of their duties is the *education of the ryot* in the matter of simple sanitation and of protecting himself in the presence of epidemics, and for this purpose the larger and more interested the audience the better work done.

Travelling Dispensaries have so amply JUSTIFIED THEIR EXISTENCE, that I have no hesitation in advocating their increase to at least double the number we now have.

There is one serious criticism which I would anticipate, and that is that at present they are not sufficiently supervised. I would put all Travelling Dispensaries into the hands of Assistant Surgeons, and would place a certain number of gazetted Medical Officers in supervising charge of circles, in which position they would also act as consultants. I consider that in this way the work done would be greatly improved and a necessary check would be instituted.

C. E. SOUTHON, MAJOR, I.M.S.,

Chief Plague Medical Officer,
Punjab.

Punjab Govt. (Branch) Press, Simla—16-8-13—No. 116 C. S.—60—C. D.

Letter No. 398/XVI-16, dated the 9th October 1913 from the Under Secretary to Government, United Provinces, to the Resident in Mysore.

------- Rec'd 18-10-13

In reply to your letter No. 4741, dated the 9th August 1913, I am directed to enclose a note on the working of travelling dispensaries in the United Provinces and Oudh Government's Resolution No. 293/V-78 and 480/XVI-85, dated the 27th July 1911 and 18th September 1912, respectively.

Pol 2 6665-7
18.10.13

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Mysore Resident's Office,

Bangalore, the 18th October 1913.

No. D 4809-3.

A copy of the foregoing letter, with its enclosures, is forwarded herewith to the Government of His Highness the Maharaja of Mysore, for information, in continuation of this office letter No. 6334, dated the 13th October 1913.

First Assistant Resident.

Ewto Med 38 13-3

Note on the working of travelling dispensaries
in the United Provinces.

---ooOoo---

There are 57 travelling dispensaries in the United Provinces. Fifteen of these styled malaria dispensaries are under the immediate supervision of the civil surgeons of the districts in which they are employed, and are under the general supervision of the Chief Plague Officer. Each of these dispensaries is in charge of a sub-assistant surgeon whose pay is Rs.30/- a month with a local allowance of Rs.25/- and a horse allowance of Rs.15/- a month.

The principal object of these dispensaries is to facilitate the distribution of quinine during the malaria season, but they also treat minor ailments. They are employed throughout the year. The cost of each dispensary is about Rs.2,000/- per annum.

The remaining forty-two dispensaries are called plague travelling dispensaries. These are also employed throughout the year and treat minor illnesses besides plague. The sub-assistant surgeons who are in charge advise and help the people to take plague preventive measures, and also inoculate against plague. The forty-two dispensaries are divided into five circles, each of which is in charge of an officer of the Indian Medical Service. The Chief Plague Officer exercises general supervision over the dispensaries The sub-assistant surgeons in charge of the plague dispensaries receive the same pay and allowances as those in charge of malaria dispensaries. The average cost of a plague dispensary is Rs.2,000/- a year exclusive of the pay of the supervising medical officers and their establishments.

A proposal to open three circles more consisting

of

of 26 dispensaries of this kind has been sanctioned by the Government of India, and it will be carried out shortly.

The sub-assistant surgeons in charge of the travelling dispensaries are borne on the general list of sub-assistant surgeons in the employ of the United Provinces Government and have all the prospects held out to officials of their class.

-----:o:-----

Tue to Med 38, 13-3

No. $\frac{293}{V-78}$ OF 1911.

RESOLUTION.

MEDICAL DEPARTMENT.

Dated Naini Tal, the 27th July 1911.

READ—

The triennial report on civil hospitals and dispensaries in the United Provinces for the years 1908, 1909 and 1910.

OBSERVATIONS.—The most important feature of the triennium under review is undoubtedly the completion of the Medical College at Lucknow. This project took shape in 1905 and at the close of that year the foundation stone of the college was laid by His Majesty the King-Emperor, who was then Prince of Wales. During the succeeding five years the work of designing, planning and building has proceeded. At the close of 1910 the buildings of the college had approached completion, and it is hoped that classes for students will be opened in October next, and that the hospital attached will be ready to receive patients somewhat later. The buildings will cost Rs. 32,69,950, and the medical and surgical equipment of the hospital and college a further sum of Rs. 3,06,540. Both college and hospital occupy a commanding position at Shahmina, close to the buildings of Husainabad, on a lofty and open site overlooking the river Gumti. The buildings of the college are of a handsome design in the Indo-Saracenic style on plans prepared by Sir Swinton Jacob. The hospital will consist of a main building with cottage-wards and a dispensary for out-patients; accommodation for nurses, professors, surgeons on duty in the hospital, and students has been separately provided. Both gas and electric power have been made available, and the general equipment and sanitary fittings are of the most modern pattern. The regulations governing the qualifications and admission of students are being prepared with due regard to the present educational facilities available in the province and to the requirements of a full and practical training in the profession of surgery, medicine, gynaecology and hygiene. The Lieutenant Governor considers that the Lucknow Medical College will not only be a fitting memorial of the visit paid to Lucknow by Their Royal Highnesses and a proof of the spontaneous loyalty of the people of this province, but that it will also assist most materially, by affording facilities for training and practice, in increasing the amount and improving the quality of the medical aid available to the people of India.

2. In other respects also the period under review has been one of progress and expansion. The number of dispensaries has risen by 33 to 554, the increase in the previous triennium having been 13. It had been felt for some time that the rules requiring the guarantee of a certain income before a dispensary can be opened have in many cases forbidden the provision of dispensaries in tracts which urgently required them. The rules were accordingly altered in June 1910, and district boards are now permitted to open a dispensary wherever they consider it desirable to take this step on the sole condition that they are able to provide the funds needed. It was at the same time remarked that, since the resources of

district boards are generally very limited, it might possibly be found a more economical method of improving the system of medical relief available in any locality to adopt a system of grants-in-aid of private dispensaries, where such existed.

No Government can possibly undertake to provide all medical facilities required. It must of necessity be left to private enterprise to take its share. The most which can be expected of any Government is that it should set up a standard of quality, and whenever it may be possible, should assist private institutions in the maintenance of that standard.

3. During the year 1910 an interesting experiment was inaugurated directed to extend and popularize the supply of medical advice and treatment. Four travelling dispensaries were opened, which worked for six months in four selected districts. These dispensaries were each in charge of a sub-assistant surgeon. They toured throughout the districts of Moradabad, Bareilly, Farrukhabad and Hardoi, visiting and attending villagers in their homes throughout the most unhealthy part of the year. As a result 2,644 villages were visited and 31,092 patients were treated. The total cost of these operations was about Rs. 4,500. Considering that the year was a comparatively healthy one and that no epidemic of malaria occurred, these results may be regarded as highly satisfactory. It is intended in the current year to extend the system and to establish four large circles, each containing eight travelling dispensaries under the charge of an officer in the Indian Medical Service, the whole establishment being under the general control and supervision of Captain Ross, I.M.S., the Chief Plague Officer of the province. In addition to this there will be eleven travelling dispensaries touring in selected districts on the same principle as was adopted last year. Though primarily intended to act as agencies against plague and to encourage inoculation, and secondarily to combat the ravages of malaria and to popularize the use of quinine both as a remedy and as a prophylactic, these dispensaries will provide relief in general cases to those who might otherwise have no opportunity of obtaining it. It is hoped that they will further familiarize the people with the advantages of western medical treatment, and will exercise influence in dispelling suspicions regarding the medical and sanitary aims of Government, to which the ignorance and conservatism of the village rustic so frequently give birth. The Lieutenant Governor is disposed to attach great importance to the work of these dispensaries. He has strong hopes that the benefits derived from them will continue to increase once they have established themselves firmly in the confidence of the people, and he congratulates the Hon'ble Colonel Manifold, I.M.S., on having originated this admirable scheme.

4. A comparison of the numbers of patients who have attended the dispensaries and hospitals of the province in each of the past six years is of interest. The statement below gives the figures in question :—

	1905.	1906.	1907.	Total.	1908.	1909.	1910.	Total.	Increase during the three years under review.
Total number of patients treated.	3,685,989	3,962,653	3,939,603	11,588,245	4,679,141	4,936,599	4,543,836	14,159,576	2,571,331

There has been an increase of over 2½ million patients during the period under review; but the true significance of the figures is only apparent when the number of patients treated for malarial fever, which varies widely according to the season, is deducted from the gross number. The following table exhibits the result of this deduction :—

	1905.	1906.	1907.	1908.	1909.	1910.
Attendance excluding patients suffering from malaria fever.	3,111,514	3,281,627	3,341,494	3,309,558	3,444,112	3,639,106

Since the year 1905 there has been a steady increase, broken only in 1908, in the numbers of the patients treated at government institutions for general ailments, and this increase was particularly marked in the last year of the series. This year was, as has been observed, a comparatively healthy one, and it thus seems established beyond the possibility of question that the popularity of government hospitals and dispensaries is increasing rapidly.

5. The problem of combating the ravages caused by malaria has occupied the particular attention of the Government and its medical officers during the past three years. A special officer of the Indian Medical Service has since 9th October 1908 been deputed to the task of investigating the causes of malaria in general, and the conditions favouring its presence in certain localities. In 1910 at the suggestion of the Government of India a standing provincial committee was constituted to enquire into the conditions of the disease and to suggest remedies. To assist the provincial committee smaller local committees have also been appointed, one in each division, in order that they may do for the more restricted areas what the central committee is performing for the province as a whole. The work of these committees is twofold. It is their duty to collect information as to the distribution of malaria and to devise measures for the investigation, prevention and treatment of the disease. From this point of view their work is technical and scientific. But they have also to study the local conditions and the habits and the wants of the people to all of which due consideration must be given before the results attained by scientific research are applied in each particular case. In this portion of their labours every member of the committee is equally capable of taking part. Non-official gentlemen are associated with officials and the work provides scope for the energies of all.

But efforts have not stopped short at calling into existence advisory and investigating bodies. The sale of quinine is being largely encouraged, and arrangements are made for the free distribution of the drug, when necessity arises. During the great malaria epidemic of 1908 5,970 lbs. of the drug were distributed free at a cost of over Rs. 70,000. In the following year, when the need was not so great, 2,430 lbs. at a cost of more than Rs. 21,500 were given away by the Government and by district boards, whilst 2,500 lbs. were sold by the Aligarh quinine factory through various agencies. In 1910 various experiments were tried

with the object of bringing the drug within more easy reach of the people. During that year the Aligarh factory disposed of over 3,000 lbs. of quinine whilst 415 lbs. were distributed free. The smallness of the latter quantity was a consequence of the low incidence of malaria in 1910. Every civil surgeon is now kept supplied with an emergency stock of 50 lbs. of the drug for distribution in event of a sudden outbreak of the disease. In addition special prophylactic issues to members of the police force, to prisoners in jails, and to school children have been made with the most beneficial result.

6. The subject of plague will shortly be dealt with in a special government resolution on the subject.

7. At the Sanitary Conference held in Naini Tal during 1909 the question of adoption of measures for the reduction of the high rate of infant mortality was discussed, and as a consequence a lady doctor was appointed to investigate. Her inquiry showed clearly that the principal causes of the mortality were ignorance on the part of mothers and the unclean methods of Indian midwives attending confinements. It will be a slow and laborious task to overcome ingrained prejudices and to ensure the adoption of aseptic methods. But efforts are being made towards this end. The Provincial Committee of the Dufferin Fund has at the request of the Government drawn up a scheme for training Indian midwives and, with the help of a grant made by the Government, courses have been commenced, to supplement the courses already given in the larger towns. It is hoped that the result will be found in a material reduction in the infant mortality of the province.

8. It is satisfactory to observe that the number of operations performed during 1910 was the highest yet recorded, while the total for the triennium exceeded that for the years 1905 to 1907 by over 9,000. The number of patients cured was also high, and the number of deaths following on an operation has declined steadily throughout the period under review.

9. In the United Provinces Exhibition, opened at Allahabad on December 1, 1910, a prominent place was taken by the medical and hygiene court, in which efforts were made to exhibit all the latest surgical and medical appliances and methods of treatment. Magic lantern demonstrations were given and thousands of leaflets, dealing in the simplest language with the causes, treatment and prevention of common Indian ailments, were distributed to the numerous visitors to the court. The exhibit was one of the most practical and interesting in the Exhibition, and should do much to bring home to Indian visitors the great progress made by the arts of medicine and surgery during recent years.

10. The table below shows the financial position of the hospitals and dispensaries of the province during the triennium :—

	1908.	1909.	1910.
	Rs.	Rs.	Rs.
Income	11,16,413	14,32,239	13,11,130
Expenditure	11,01,642	14,12,761	13,26,605
	Balance 14,771	Balance 19,478	Deficit 15,475

The deficit in 1910 was met from the balances in hand at the various dispensaries and hospitals of the province, which on December 31, 1910, amounted to Rs. 3,30,215.

The Lieutenant Governor is glad to observe that the subscriptions received both from Europeans and Indians showed a marked increase in 1910.

Many improvements to hospitals and dispensaries have been made, nearly 5 lakhs in 1908, nearly 4¾ lakhs in 1909, and over 9½ lakhs in 1910 having been devoted to this purpose. At the end of the year 1910 a special recurring grant of Rs. 18,000 was made by the Government to the Provincial Committee of the Dufferin Fund to enable it to carry out some much needed reforms, and to increase the strength of its staff.

11. During 1908 the Medical department was called upon to assist in the arduous task of coping with the remnants of the famine of 1907, whilst throughout the triennium it has been continually occupied in a struggle against plague and malaria. It has always responded readily to the calls made upon it, and it is with great pleasure that the Lieutenant Governor notices the names of those officers and lady doctors who have been mentioned by the Inspector General in paragraph 24 of the report. The Lieutenant Governor also wishes to record his sense of the loss sustained by the department in the lamented death of Major Orr, I.M.S., who died in January 1909, a few days after his services had been recognized by the bestowal on him of a companionship of the Indian Empire.

It is a matter for congratulation that the shortage in the cadre of sub-assistant surgeons has now been made up. At the end of 1907 there were only 395 men available out of a sanctioned strength of 435; three years later there were 458 men on the rolls out of a strength of 460. The improvement in the pay and prospects of sub-assistant surgeons introduced from April 1910 should do much to encourage those now on the establishment and to attract others to join their cadre.

12. The office of Inspector General of Civil Hospitals was held by Colonel Murray, I.M.S., until 28th July 1909, when Colonel Harris, I.M.S., was appointed to officiate for him. Colonel Harris, I.M.S., continued to officiate until 26th February 1910 when the Hon'ble Colonel Manifold, I.M.S., relieved him. To all three officers the thanks of the Lieutenant Governor are due for the efficient manner in which they have performed their duties, and to the Hon'ble Colonel Manifold especially His Honour is indebted for his able administration of the department during the past year and for a most interesting report.

ORDER.—Ordered that a copy of this resolution be forwarded to the Inspector General of Civil Hospitals, United Provinces, for information.

Ordered also that the resolution be published in the *United Provinces Government Gazette.*

By order of the Hon'ble the Lieutenant Governor, United Provinces,

L. STUART,

Secy. to Govt., United Provinces

Ench mid 38-13-B

No. 480/XVI—85.

RESOLUTION.

SANITATION DEPARTMENT.

Dated Naini Tal, the 18th September 1912.

READ—

The report on plague administration and the working of travelling dispensaries in the United Provinces for the year July 1911 to June 1912.

OBSERVATIONS.—The total number of deaths from plague fell from 314,495 in the year 1910-11 to 105,808 in the year under review. The decrease was most noticeable in the Meerut division, where the mortality declined from 90,002 to 2,586. The Agra and Rohilkhand divisions also enjoyed a relative immunity. In Bundelkhand, though a somewhat severe outbreak occurred in Jhansi city, the division as a whole remained as in previous years practically free from plague. The highest mortality was shown by the districts of Ballia and Azamgarh, in which plague has now for some years been endemic. In the Lucknow and Fyzabad divisions, though the number of deaths was much smaller than in the previous year, the infection was widespread and general.

2. The epidemic was thus much milder than in the preceding year. But more districts were infected this season than in any previous year, and the total mortality during the last three years has been higher than in any former period of three consecutive years. It is suggested in the report that the relative decline of plague in the Punjab may be due to a conferred hereditary immunity being established in the rat population as a result of repeated severe epizootics, and that a similar immunity may eventually be acquired by the rat population of the United Provinces. But the epidemiology of plague is as yet too obscure to justify any confident inference as to the future course of plague in the provinces.

3. The number of inoculations performed fell from 91,065 to 77,318. The drop is no doubt explicable as stated in the report by the greatly decreased severity of the epidemic this year. Nevertheless Sir John Hewett cannot but regard the results as disappointing. Every effort has been made for years to encourage inoculation, but experience shows that at present at any rate the people will accept inoculation only when plague is actually raging, and even then usually only in districts which are already familiar with the disease. Whether or not the travelling dispensaries will eventually succeed, where other agencies have failed, in popularizing this measure, remains to be seen. There are in some places faint indications of a change in the attitude of the people towards inoculation as a result of their operations. But the Lieutenant Governor is forced to the conclusion that, as matters at present stand, every application for the entertainment of a special inoculator requires to be carefully scrutinized and should only be sanctioned when the circumstances are such as to make it clear that there is a real demand for his services.

4. Evacuation and inoculation are the only two measures which have hitherto stood the test of experience. But the researches of the Plague Commission which has been investigating during the last cold weather the epidemiology and endemiology of plague, suggest that they may not be the last word of medical science. The comparative immunity of some portions of the province—in particular the Bundelkhand districts—and the persistence of plague year after year in other portions have for long baffled explanation. It is now suggested that the solution may possibly be found in the movements of grains throughout the province, and that it is through the agency of grain that the infection spreads from one place to another. This theory is as yet far from being substantiated, but it offers at any rate a promising field for experiment. The construction of relatively rat-free grain markets, and the disinfection of the grains in these markets are the measures which naturally suggest themselves in this connection; and as a beginning it has been decided to assist with a grant from provincial revenues the municipality of Ballia where plague is practically endemic, to build a new model grain market.

5. Experiments carried out in the Parel Laboratory by the Plague Commission have shown that where the flea infestation of the rats is very low there is little or no danger of an epizootic starting amongst them. During the last few months a careful flea count has been made on several hundred rats by Major Milne, I.M.S., in Mussooree, and by Captain Ross, I.M.S., in Naini Tal. This has shown that the flea infestation of the rats is very low in these places, viz. 1·5 per rat in Mussooree and 1 per rat in Naini Tal. The count will have to be continued during each month of the year, as it is important to ascertain whether the number of fleas per rat does not rise to any marked extent at any particular period. Should however the result be to show that no such rise occurs, the important conclusion follows, in the opinion of the Inspector General of Civil Hospitals, that the danger of a severe epidemic of plague occurring in either Mussooree or Naini Tal is negligible, and that the railway and road plague inspection posts for the various hill stations may be safely abolished.

6. The year was marked by the establishment of thirty-two travelling dispensaries the organization and functions of which were described in resolution no. 293/V—78, dated the 27th July 1911, on the working of civil hospitals. In addition twelve other travelling dispensaries were started in twelve selected districts each under the supervision of the Civil Surgeon. These contained the same equipment as the plague dispensaries, and carried out anti-plague measures where the disease was prevalent in their districts. The total number of inoculations performed by the sub-assistant surgeons in charge of the dispensaries was 16,293. The number is not large, and more than half of it is accounted for by the single district of Ballia. There are, however, as above mentioned, indications that these dispensaries may yet succeed in modifying the attitude of the people towards inoculation; and there is evidence that their advice and teaching have at least operated to prevent the spread of infection by inducing villagers to deny admission to persons from plague infected areas. It is at any rate too early to judge of

their effect in this direction. And apart altogether from their success as an anti-plague measure, they have in other and not less important ways more than justified their existence. They have brought the benefits of medical service within the reach of large populations, who owing to distance and the disinclination to leave their homes will not visit the sadr dispensaries. No less than 504,077 patients were treated by them in the year. The treatment has not been confined to the administration of medicine and the imparting of advice. A beginning has been made by these dispensaries in the operative treatment of disease, more especially that of eye diseases such as cataract, 446 major and 9,018 minor operations having been carried out in the twelve months. During the severe outbreak of cholera in the latter part of the recent hot weather, the travelling dispensaries formed most valuable agents for the disinfecting of wells, and the treatment of cholera patients. It is further clear that with careful supervision they should eventually become a highly organized system for the prompt detection and early reporting of disease. A particularly gratifying feature in the reports on their working is the abundant testimony to their popularity with all classes. The district boards of several districts have offered to meet the cost of maintaining a dispensary from their own funds, and following the departure of a dispensary petitions have been received from the people asking for the opening of a permanent dispensary, the funds for which they have in some cases voluntarily subscribed. The Lieutenant Governor is convinced that these dispensaries constitute a most important departure in medical administration, and that their further development and extension will well repay the expenditure involved.

7. The Lieutenant Governor has noticed with pleasure the names of those officers who have been especially selected for mention in connection with plague preventive measures. The energy and ability shown by Captain Ross, the Chief Plague Officer, in the organization and equipping of the travelling dispensaries are particularly deserving of notice. To Colonel Manifold His Honour's acknowledgements are due for a very interesting and instructive report.

ORDER.—Ordered that copies of this resolution be forwarded to the Inspector General of Civil Hospitals, to the Sanitary Commissioner, and to Commissioners of divisions and District Officers in the United Provinces for information.

Ordered also that the resolution be published in the *United Provinces Government Gazette.*

By order of the Hon'ble the Lieutenant Governor, United Provinces,

S. P. O'DONNELL,

Secy. to Govt., United Provinces.

Letter No. 7119 M dated the 22nd October 1913 from the Second Secy. to the Chief Commissioner of Assam to the Residen in Mysore.

~~Ind 3875~~ ------- D 2675

I am directed to acknowledge the receipt of your letter No. 4743, dated the 9th August 1913, asking for copies of -- orders regulating the constitution and working of travelling dispensaries in Assam.

In reply, I am to refer you to paragraph 2 of the Dispensary Returns of this Province for 1912 and to say that the establishment of two dispensaries was sanctioned in 1912, one of which is at present working in this Province.

The opening of 17 more travelling dispensaries has also recently been sanctioned. -- Copies of -- papers on the subject together with a copy of the Dispensary Return for 1912 are sent herewith.

(1) Letter No.1081 dated 21-6-12, from the Inspector General of Civil Hospitals.
(2) Letter No. 3003 M, dated 11-9-12 to the Inspector General of Civil Hospitals
(3) Letter No. 6153-M dated the 1-9-13, to the Inspector General of Civil Hospitals.

PoC No 7503 4-11-13.

IV 4/11 Ind 38-138 C 14.

Mysore Resident's Office,
Bangalore, the 4th November 1913

No. 6831 C 4.

A copy of the foregoing letter, with enclosures, is forwarded herewith to the Government of His Highness the Maharaja of Mysore for information, in continuation of this office endorsement No. 6480, dated the 18th October 1913.

First Assistant Resident.

CKS.

Enc to med 38-13-4

Copy of letter No. 1081, dated Shillong, the 21st June 1912, from Colonel R. N. Campbell, C.B., C.I.E., I.M.S., Inspector General of Civil Hospitals, and Sanitary Commissioner, Assam, to the Second Secretary to the Chief Commissioner of Assam.

I have the honour to address you regarding the inception of travelling dispensaries in this province. These dispensaries have proved most valuable in the United Provinces, and I am confident that they would do much good in Assam. The establishment of such a dispensary in each district must be our aim, but I would prefer to begin with two as an experimental measure in the districts of Sylhet and Kamrup, i.e., one in each Valley. I would, therefore, solicit the sanction of Government to the entertainment of two Sub-Assistant Surgeons to take charge of these dispensaries.

2. The duties of the Sub-Assistant Surgeons will be confined chiefly to the treatment of diseases and the distribution of quinine and in helping to popularise Western medicines among villages at some distance from dispensaries. During epidemics they can be moved about as required within their respective districts and would tend to alleviate to some extent the present difficulties in dealing with cholera outbreaks. They will also be employed in the treatment of Kala-azar cases and in spreading knowledge as to the means of preventing it. Captain Mackie, I.M.S., Officer on Special duty in connection with the Kala-azar inquiry, who has had some experience with these dispensaries in the United Provinces, points out that it would aid his work very considerably if such a dispensary were attached to him. It would certainly be productive of more information than he would be likely to obtain as an itinerant investigator unable to offer any aid.

3. The cost of running such a dispensary in the United Provinces for 12 months is Rs2,200. In Assam, however, I do not think that the expenditure of so large a sum will be necessary, but I would suggest that both these sub-assistant surgeons be given a special allowance of Rs20 per mensem in consideration of the arduous nature of their duties.

4. In addition to this I would recommend the grant of a fixed travelling allowance of Rs10 per mensem to each of these 2 subordinates and a fixed sum of Rs10 per mensem for house allowance.

5. The sub-assistant surgeons will require the services of a menial to carry his box of medicines and haversack, and I would request that each may be given a personal attendant on Rs8 per mensem.

6. I am of opinion that a monthly expenditure of Rs25 will be incurred in replenishing the stock of medicines in each dispensary, and I would ask that this amount may be sanctioned.

7. I have asked the Chief Plague Officer, United Provinces, to supply me with two complete sets of the equipment issued to his travelling dispensaries, and will apply for sanction to the purchase of these articles on hearing from that officer.

Y.

A.G.B.

n'at.

Enc to Mem 35-. 3-4 6E

Copy of letter No. 3003-M, dated Shillong, the 11th September 1912, from the Second Secretary to the Chief Commissioner of Assam, Municipal Department, Medical Branch, to the Inspector General of Civil Hospitals, Assam.

I am directed to acknowledge the receipt of your letter No. 1081, dated the 21st June 1912, regarding the establishment of two travelling dispensaries in Sylhet and Kamrup districts respectively, and to say ~~xxxx~~ in reply that the Chief Commissioner approves of your scheme. He accordingly sanctions the addition with effect from the 1st October 1912 of two posts to the Cadre of Sub Assist Surgeons to provide two officers for the proposed dispensaries. They will draw a special allowance of Rs 30 (thirty) per month each in addition to their grade pay.

2. The Chief Commissioner also sanctions your proposal to allow each of these sub-assistant surgeons an attendant on Rs8 (eight) per month to carry his box of medicines and haversack.

3. A monthly expenditure not exceeding Rs25 (twenty five) is also sanctioned for each of these dispensaries to cover the cost of replenishing the stock of medicines.

4. The expenditure for the current financial year will be met by the transfer of Rs930, which is hereby sanctioned from the provision of Rs1,12,500 for sanitary improvements.

5. The Chief Commissioner hopes that system introduced by the above orders will develop in due course and be extended to other districts.

Y

Copy of letter No. 6153-M, dated Shillong, the 1st September 1913, from the Offg. Second Secretary to the Chief Commissioner of Assam, Municipal Department, Medical Branch, to the Inspector General of Civil Hospitals, Assam.

I am directed to refer to your letter No. 2480, dated the 19th April 1913, submitting proposals for the establishment of 14 additional travelling dispensaries in the plains and for the employment of 3 more itinerating sub-assistant surgeons in the hills districts. In reply, I am to say that the scheme has been approved by the Chief Commissioner. I am now to convey sanction to the establishment of the 14 dispensaries in the different sub-divisions of the plains districts mentioned in the annexed statement. Addition of 17 sub-assistant surgeons to the lowest grade of the cadre of sub-assistant surgeons to provide for the 14 travelling dispensaries and for itinerating duty in the Garo Hills (2) and in the Naga Hills (1) is also sanctioned. The sub-assistant surgeons in the plains districts will in addition to their grade pay receive a special allowance of Rs 10 and fixed travelling allowance at the rate of Rs 30 per mensem. The itinerating sub-assistant surgeons will draw special allowance at Rs 20 in the Naga Hills and at Rs 15 in the Garo Hills, and will receive travelling allowance ordinarily admissible under the rules in the Civil Service Regulations.

2. Fourteen medicine carriers for the travelling dispensaries at varying rates of pay shown in column 8 of the annexed statement are also sanctioned. They will get no travelling allowance.

3. The charge will be met from the lump provision of Rs 17,200 made for travelling dispensaries in the estimates for the current year.

Y

Statement showing the probable estimated costs of stati

ye

Name of district and subdivision for which the travelling dispensary is intended	Staff.		Sub-Assistant Surge		
	Sub-assistant Surgeons	Peon	Pay	Special allowance	Fixed travelling The ordinary rat the rate when loose boat, or maintained
1	2	3	4	5	6
Hill Districts.					
Naga Hills	1	-	30	20	Will draw travel
Garo "	2	-	60	30	according to C
Total	3	-	90	50	
Plains Districts					
Cachar Silchar	1	1	30	10	30
Sylhet Habiganj	1	1	30	10	30
Karimganj	1	1	30	10	30
Sunamganj	1	1	30	10	30
Maulvi Bazar	1	1	30	10	30
Goalpara - Goalpara	1	1	30	10	30
Kamrup - Barpeta	1	1	30	10	30
Darrang - Tezpur	1	1	30	10	30
Mangaldai	1	1	30	10	30
Nowgong - Nowgong	1	1	30	10	30
Sibsagar - Jorhat	1	1	30	10	30
Sibsagar	1	1	30	10	30
Lakhimpur - Dibrugarh	1	1	30	10	30
North Lakhimpur	1	1	30	10	30
Total	14	14	420	140	420
Grandtotal	17	14	510	190	420

17 travelling dispensaries. ...sum for the

...r 1913-14. Ene to end 38-13-4

Cost					
ons		Peon			
allowance as well as either a cycle is	Total	Pay	Medicines &c		
	7	8	9		
ing allowance S. R.	50				
	90				
	140				
	70	10	25-		
	70	15	25-		
	70	15	25-		
	70	15-	25-		
	70	15-	25-		
	70	10	25-		
	70	10	25-		
	70	12	25-		
	70	12	25-		
	70	10	25-		
	70	12	25-		
	70	12	25-		
	70	15-	25-		
	70	15-	25-		
	980	178	350		
	1120	178	350		

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore dated the 14th March 1914.

From

Rao Bahadur
T.V. Arumugam Mudaliar Esq.,
Sanitary Commissioner with the
Government of His Highness the
Maharaja of Mysore, Bangalore.

To

K.R. Srinivasa Iyengar Esq., M.A.,
Secretary to the Government of His
Highness the Maharaja of Mysore,
General & Revenue Departments,
B a n g a l o r e .

Sir,

I have the honor to forward herewith for the information of Government the report received from Dr. M. Srinivasa Rao, Director of the Public Health Institute and Deputy Sanitary Commissioner embodying the results of his inspection of the working of Travelling Dispensaries in the United Provinces of Agra and Oudh.

2. I am of opinion that for the present the establishment of Travelling Dispensaries in Mysore may be limited to the malnad tract, a scheme for the improvement of which has been initiated in Government Order No. 8036-84 Medl. 24-13-13 dated the 24th February 1914. Dr. Srinivasa Rao proposes that having regard to the condition of the Mysore Province and especially to the backward nature of the malnads, no officer of less rank than that of Assistant Surgeon should be in charge of a Travelling Dispensary. But the bulk of the work being such as can be done efficiently by a Sub Assistant Surgeon I do not see the necessity for appointing a Medical man of higher rank for the charge. Cases of major operation, which will of course be comparatively few in number may be reported to

16.3.14
191

From

The Sanitary Commissioner
in Mysore
Bangalore

To

The Secretary to Govt
Genl & Res Depts
Bangalore

Dated

Despatched

Received

General No. 3841
No.

Enclosure No. one

Forwarding a report received
from the Deputy Sanitary Commissioner
on the Travelling Dispensaries in
the United Provinces of Agra & Oudh

GPB—50,000—26-9-12

to the special (Medical and) Sanitary Officer having jurisdiction over the area, and will be attended to by him. The special Sanitary Officers will be in direct supervisory charge of the Travelling Dispensaries their duties in this respect corresponding to those of the Supervising Medical Officer in the United Provinces. The District Medical Officers may in the course of their tours of inspection be required to supervise the working of these Travelling Dispensaries but the sole responsibility for their efficient management will rest with the special Sanitary Officers.

I have the honor to be,
Sir,
Your most obedient servant,

Sanitary Commissioner.

P.H.

Enc to Ms 38-13-5

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore dated the 14th March 1914.

From

M. Srinivasa Rao Esq., M.A., M.D., D.P.H.,
Deputy Sanitary Commissioner in Mysore,
B a n g a l o r e .

To

Rao Bahadur
T.V. Arumugam Mudaliar Esq.,
Sanitary Commissioner with the
Government of His Highness the
Maharaja of Mysore, Bangalore.

Sir,

I have the honor to forward for the information of the Government a report on the Travelling Dispensaries in the United Provinces of Agra and Oudh, together with my proposals for organising similar Institutions in the Mysore Province.

There are two classes of Travelling Dispensaries working in the United Provinces. The equipment supplied to and the work done by each class is much the same, the main distinction being in the source from which each class is financed.

(a) The malarial Travelling Dispensaries are provided for by a special grant of Rs. 24000/-. They are under the supervision of the Civil Surgeons of the District in which they work and are administered by the Chief Plague Officer subject to the control of the Inspector General of Civil Hospitals. There are 16 such Dispensaries of which 3 are supported wholly or partly by the District Boards.

(b) The Plague Travelling Dispensaries of which there are 42, are financed from the Plague grant of 3 lakhs. 5 Officers of the I.M.S. of the rank of Captain,

Captain, are in charge of as many circles, each circle comprising four Districts with 8 to 9 Dispensaries. The Districts in which these Dispensaries have been working were chosen with regard to their previous Plague history but the treatment by them of disease in general has always been kept in view. These are also administered by the Chief Plague Officer under the control of the Inspector General of Civil Hospitals.

At present 16 Districts have 1 Dispensary each, 18 have 2 each and 2 have 3 each. There are still 12 Districts without any Travelling Dispensaries and it is in contemplation to have 3 more circles with 39 Dispensaries. When the scheme is in full working order, there will be 97 Travelling Dispensaries in 8 circles with 8 supervising Medical Officers.

Each Dispensary is an agency for carrying out inoculation work and is equipped with a complete Plague Inoculation outfit. In the year 1912-13, the Dispensaries were the means of inoculating 38314 persons, (i-e) more than twice the number done in the previous year. The Inspector General of Civil Hospitals remarks that " the barrier of distrust and suspicion raised against all Plague measures has been considerably weakened " by the operation of Travelling Dispensaries. In the District of Azamgarh which was badly infected with Plague, the Dispensaries did a great deal of good in treating cases of Plague and the supervising Medical Officer says " It was by our treatment of Plague cases more than anything that we gained the confidence of the people ".

The Dispensaries have proved a valuable agency in combating cholera, especially with regard to the disinfection of village wells with Potassium Permanganate. In times of Cholera, they were moved from one District to

to another at a moment's notice, without in any way dislocating the work of stationery Dispensaries.

More than 70000 cases of malaria were treated and 365 lbs. of Quinine in tablet form distributed."

Relapsing fever has been shown by the agency of Travelling Dispensaries, to be far more prevalent than was previously supposed. In two Districts which were badly affected with Relapsing fever these Dispensaries were specially deputed to work in connection with that disease.

During 1912-13, 1002 major and 13875 minor operations were performed. Without the Travelling Dispensaries hardly any of these patients would have been operated upon and their value in this respect is evident. The majority of the major operations were for cataract and the remainder being radical operations for Hydrocele. All the major operations and a great many of the minor ones are performed by Supervising Medical Officers. The Sub Assistant Surgeon collects at some central place a large number of cases from the surrounding villages. When the Supervising Medical Officer comes round on his visits of inspection, he operates on all suitable cases, arrangements being made locally for the accommodation of the patients. The Sub Assistant Surgeon is left to look after them until they are out of danger of any complication arising, the Supervising Medical Officer himself returning after about a fortnight to see if everything has gone on satisfactorily. Thus each successful operation carried out in the villages helps to advance the popularity of Travelling Dispensaries.

In 1912-13, nearly 70000 patients were treated for diseases of the Eye other than cataract and more than 121000 cases were treated for diseases of the skin. The

The total number of patients treated in 1912-13 was 834507.

Travelling Dispensaries are largely used as an educative agency for free distribution to literate persons of pamphlets in vernaculars on Plague, Malaria, Cholera and Tuberculosis.

Each Travelling Dispensary is placed in charge of a selected Sub Assistant Surgeon of under 10 years' service. Only young man of active habits are employed, as the hard work and the peripatetic life are unsuitable to older and senior men. The itinerary for each month is drawn up by the Sub Assistant Surgeon and is sent for approval to the Supervising Medical Officer who can alter the programme if he thinks it necessary to do so. The itinerary is so arranged that no Travelling Dispensary halts at a place within a radius of 5 miles from any stationary Dispensary. This avoids any overlapping of work. The District Officers and Civil Surgeons are constantly kept informed of the location of Travelling Dispensaries, as they might require to be moved suddenly when Cholera or other epidemic breaks out in another part of the District. The larger villages are selected to halt at and the Dispensary remains at each place for not more than 10 days. It is very rarely that this period is exceeded. The Sub Assistant Surgeon remains in his tent the whole morning attending to the patients who will be dropping in. Every day after about 3 P.M. the Sub Assistant Surgeon is expected to go out on foot to the neighbouring villages within a radius of 3 or 4 miles from his halting place. He takes with him a small hand-bag with a stock of drugs, thus carrying medical relief to the very doors of the villagers. The Dispensary is supplied with 31 varieties of drugs which are all in the form of pills, powders, tablets and ointments. This

This obviates the necessity of a compounder. Most of the drugs, dressings and instruments are obtained from the Medical Store Keeper to the Government of Madras. Only two sets of pills are got from Burroughs Wellcome & Co., and 1 from Parke Davis and Co., The tents, hoversacks. hand-bags etc are purchased from the Mills at Cawnpore. A complete inoculation outfit is procured from the Pacteriological Laboratory at Bombay where the Plague Prophylactic is prepared. The boxes and enamelled tins required to hold the drugs etc are made locally.

The Sub Assistant Surgeon sends a weekly report in a special form showing the diseases treated by him number of villages visited, Plague inoculations done, kind and number of operations performed and the number of wells permanganated etc to the Supervising Medical Officer. The details of equipment and its cost are given in Appendix (i) and the details of cost of running a Travelling Dispensary in Appendix (ii).

The success of the Travelling Dispensaries depends upon the constant supervision exercised over them by the Supervising Medical Officers. These are picked men of the rank of Captain in the I.M.S. Being young and energetic and having to win their laurels, they devote their whole time and attention to inspect the working of the Travelling Dispensaries. Each Supervising Medical Officer has 8 to 9 Dispensaries under him and every one of them is visited once in 6 weeks and sometimes oftener. He performs as many major operations as are possible, especially on the eye. Though the network of Railways is very close in the United Provinces the villagers are very stay-at-home people, hardly ~~neutering~~ venturing a few miles from their families and familiar surroundings. When a Supervising Medical Officer comes across cases which can

can only be operated upon in well equipped hospitals at District Head Quarters, he issues tickets to be given to the Civil Surgeons and even offers to pay the travelling expenses, but the people absolutely refuse to stir out of their villages. They are however very grateful to the Travelling Dispensaries for bringing the benefits of medicine and operative surgery to their very doors. Each successful operation carried out in a village helps to advance the popularity of the Travelling Dispensaries. From what I have actually seen of the working of the Travelling Dispensaries in the United Provinces, I can say that if the efficient supervision and careful administration by the Supervising Medical Officers is done away with the Dispensaries cannot show even a tithe of the good work which they are doing at present. When I discussed with Col. C.C. Manifold the Inspector General of Civil Hospitals Capt. A. Cameron the Chief Plague Officer and Capt. Simpson the Supervising Medical Officer of the Lucknow Circle, the question of starting Travelling Dispensaries in the malnad parts of Mysore, they were all agreed that without a suitable Supervising Medical Officer the Travelling Dispensaries worked by Sub Assistant Surgeons will not be successful. Col. Manifold went so far as to say that it would be better not to start any such Travelling Dispensaries at all, than to organise them without adequate provision for regular and strict supervision. Two of the Dispensaries which I visited accompanied by the Supervising Medical Officer Capt. Simpson at Nawabganj and Katingri in the District of Lucknow, were thronged with patients till late in the evening, whereas in the third one at Bidnu in Cawnpore District which I visited by myself there not more than 8 or 9 patients during the whole of the day I remained there.

In addition to performing Major and minor operations the Supervising Medical Officer also assists in inoculating people against Plague and treating cases of Plague. He arranges his tour of Inspection in such a way that he remains at the Head Quarters of his circle from the 1st to 5th of each month. The Sub Assistant Surgeons send their peons with haversacks and tins, to the Head Quarters of their respective circles to get their stock of drugs etc replenised from the branch stores kept in the office of the Supervising Medical Officer. This officer, in turn, gets his supply from the Central Plague Stores " at Lucknow which is under the direct control of the Chief Plague Officer. Each Supervising Medical Officer receives the weekly diaries from the Sub Assistant Surgeons in charge of Dispensaries and sends them on with his own monthly diary to the Chief Plague Officer at Lucknow. All these diaries together with traced District maps showing the movements of the Dispensaries are forwarded by the Chief Plague Officer to the Inspector General of Civil Hospitals for information. The details and cost of equipment and the annual recurring charges of a Supervising Medical Officer are given in Appendices iii & iv. The details of Establishment and cost of the Chief Plague Officer and of the " Central Plague Stores " are given in Appendix V.

As regards the number of Travelling Dispensaries required in the malnads, I would for the present fix them at 10, 5 for the Shimoga District, 3 for Kadur District and 2 for Hassan District. Having regard to the conditions of the Mysore Province and especially to the backward nature of the malnads, I cannot recommend Sub Asst. Surgeons being placed in charge of Travelling Dispensaries. No Medical Officer of less rank than that of Assistant Surgeon should be in charge of each of these 10 Dispen-

Dispensaries. These officers having medical and surgical degrees, can be trusted to perform all the necessary surgical operations. They must be given their grade pay with a local allowance of Rs. 50/- each and the usual travelling allowances under the Civil Service Regulations. Even with such highly qualified men in charge of Travelling Dispensaries, they must be supervised by some higher authority. The Senior Surgeon if he is relieved of his ex-officio duties of Sanitary Commissioner will be able to tour more frequently and inspect fixed as well as Travelling Dispensaries. The Assistant Surgeons will send their weekly diaries to the Senior Surgeon direct. There is no necessity to have a Chief Plague Officer or Central Plague Stores as they have in the United Provinces The Senior Surgeon himself can be the Supervising and Administrative Officer and can control the work of the Assistant Surgeons in charge of Travelling Dispensaries. The Mysore Government Medical Stores can also stock all the drugs, dressings, instruments etc and supply them on monthly or quarterly indents to the Travelling Dispensaries.

I have the honour to be
Sir
Your most obedient Servant.

M.A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

Eve to med 36-13-5

Appendix I.

Cost of equipment for a Travelling Dispensary.

No.	Particulars.	Cost.		
1.	2 wooden medicine boxes at Rs. 5/- each	10	0	0
2.	One leather hand-bag	10	0	0
3.	One canvas Haversack	8	8	0
4.	One 80 lbs. Light Field Service Tent 10' x 8' ...	100	0	0
5.	One servant Pal 8' square inside	52	0	0
6.	One camp folding chair	7	0	0
7.	One camp folding table	6	0	0
8.	One water-proof sheeting	5	0	0
9.	One complete set of inoculation outfit...	60	12	0
10.	One belt and badge for Kalasi	2	12	0
11.	20 cylendrical tins for medicine boxes...	2	0	0
12.	Six square tins for Medicine box	0	14	6
13.	One enamelled iron basin 16" diameter for washing hands at Rs. 15/- each	0	15	0
14.	2 enamleed iron basins 10" diameter for lotions at Rs. 0-8-0 each...	1	0	0
15.	One enamelled iron dressing instrument tray... ...	0	14	0
16.	One enamelled iron kidney shaped tray	0	14	0
17.	One nail brush	0	8	0
18.	One soap case...	0	7	0
19.	One towell	0	10	0
20.	Two dredgers	0	12	0
21.	One spatula Bolus	0	14	0
22.	One measure glass in (case) 2 ounces...	1	4	0
23.	One surgical pocket dressing case...	22	8	0
24.	One set of tooth forceps	12	8	0
25.	One Catheter German silver (male and female combined	13	0	0
26.	One Trocar Ascites...	5	4	0
27.	One Trocar Cannula...	5	8	0
28.	One syringe Hypodermic	4	2	0
29.	One Syringe Higginsons Enema...	3	4	0
30.	One Syringe Ear all metal	11	0	0
31.	One glass Urethral...	0	4	0
32.	One slab wedgewood...	1	4	0
33.	One leather cover to hold basin, nail brush, towell and soap case...	4	12	0
	Total Rs.	356	6	6

M.A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

Enclo no 38-13-5

Appendix II.

Details of cost of Travelling Dispensary per annum.

No.	Particulars.	Cost.		
1.	Pay of Sub Assistant Surgeon, per mensem.	30	0	0
2.	Local allowance of Sub Assistant Surgeon	25	0	0
3.	Travelling allowances	15	0	0
4.	Pay of 1 peon...	6	0	0
5.	Travelling allowance to peon...	3	0	0
6.	Cost of medicines (European and country)	50	0	0
7.	Carriage of medicines and tents etc	30	0	0
8.	Contingent and miscellaneous charges per mensem ...	10	0	0
	Total for 1 month	169	0	0
	Total for 12 months Rs.	2028	0	0

M.A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

Enclo to med 38-13-5

Appendix III.

List of equipment for a Supervising Medical Officer.

No.	Particulars.	Cost.		
1.	One set of Travelling Dispensary Panniers	98	10	4
2.	One Pocket dressing case	22	8	0
3.	One set of tooth forceps	12	8	0
4.	Higginsons Enema syringe	3	4	0
5.	One Ear syringe	11	0	0
6.	One syringe glass urethral	0	4	0
7.	One Trocar and Cannula	5	6	0
8.	One hand-bag	10	0	0
9.	One Haversack...	8	8	0
10.	One leather cover to hold basin, nail brush, towel and soap case	4	12	0
11.	One Basin 16" diameter	0	15	0
12.	Two basins 10" diameter...	1	0	0
13.	One nail brush	0	8	0
14.	One soap case...	0	7	0
15.	One towel	0	10	0
16.	Two dredgers	0	12	0
17.	One kidney shaped tray	0	14	0
18.	One case of eye instruments	75	0	0
19.	One Catheter German (male & female combined) ...	13	0	0
20.	One Brunton's aural specula case	16	0	0
21.	One schimmelbush's instrument & dressing steriliser	75	0	)
22.	Hypodermic syringe...	4	2	0
23.	One water-proof sheet	5	0	0
24.	One complete inoculation outfit	60	12	0
25.	One set of weights and scales	13	0	0
26.	One special Police pattern Swiss Cottage Tent 14'x14	526	0	0
27.	One set of Police pattern Swiss Cottage tent 12' x 12'	456	0	0
28.	One double fly European Mountain Battery Tent without Durree	105	0	0
29.	4 servants Pals 8' x 8' at Rs. 52/- each	208	0	0
	Total Rs.	1738	14	4

M. A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

Encls med 36 B 5

Appendix IV.

Supervising Medical Officers and their staff.

No.	Particulars.	Cost.			
1.	Average pay for I.M.S. Officer per mensem	850	0	0	
2.	Exchange compensation allowance	53	2	0	
3.	Travelling allowance	200	0	0	
4.	Pay of clerk	25	0	0	
5.	Travelling allowance to clerk	15	0	0	
6.	Pay of 4 peons at Rs. 7/- each	28	0	0	
7.	Travelling allowance to peons at Rs. 5/- each ...	20	0	0	
8.	Rent of office	20	0	0	
9.	Carriage of tents etc at Rs. 30/-...	30	0	0	
	Total Rs.	1241	2	0	P.M.
	Total for 12 months	14893	8	0	

M. A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

Encl to med 38-135

Appendix V.

Chief Plague Officer and his staff & Central Plague Stores.

No.	Particulars.	Cost.		
1.	Pay of Chief Plague Officer per mensem...	950	0	0
2.	Exchange compensation allowance	59	6	0
3.	Travelling allowance	150	0	0
4.	Pay of clerks (2) at Rs. 40/- each	80	0	0
5.	Travelling allowance of clerks	30	0	0
6.	Pay of 2 peons at Rs. 7/- each per mensem	14	0	0
7.	Travelling allowance to peons	6	0	0
8.	Pay of three kalasis at Rs. 7/- each per mensem ...	21	0	0
9.	Travelling allowance to Kalasis	9	0	0
	Total per mensem Rs.	1319	6	0
	Total for 12 months Rs.	15832	8	0

Stores.

1.	Pay and allowance of Sub Assistant Surgeon per mensem	65	0	0
2.	Pay of carpenter	20	0	0
3.	Pay of 2 coolies at Rs. 6 each	12	0	0
4.	Monthly allowance to sweeper...	1	0	0
5.	Monthly allowance to Chowkidar	1	0	0
6.	Cartage & Railway freight on consignments of medicines, equipments etc	80	0	0
7.	Packing charges	30	0	0
8.	Hot and cold weather charges...	4	0	0
	Total Rs. per mensem	213	0	0
	Total for 12 months Rs.	2556	0	0
	Grand total Rupees	18388	8	0

per annum

M.A., M.D., D.P.H.,

Deputy Sanitary Commissioner.

P.H.

81

G. R. S. 26]

File No. 38-13

Serial No. 7

Diary No. of letter replied to 5190

General and Revenue Secretariat

(Med)

, *the* 191 .

No. 12159
med 38-13-7
dy 17.6.16

To The Secretary to the
Malnad Improvement
Committees

Date of issue 17.6.16

Signed by Mra. V. Ramanathan Sci

I am directed to forward herewith
the marginally noted papers relating
to Travelling dispensaries and to
request you to be so good as to
place the same before each of
the Malnad Improvement Committee
and to submit for the orders of Govt
~~their~~ definite proposals
of the Committees in regard to the
~~the subject of~~ opening of travelling
dispensaries ~~in the State~~
for the Malnad areas.

I have &c
Order

1. A copy of Dr. M. Srinivasa Rao's report on the working of the Travelling dispensaries in the United Provinces.
2. A comparative note on the working of the Travelling dispensaries in Assam, United Provinces & the Punjab

Med
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SUBJECT.

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NOTE ON TRAVELLING DISPENSARIES.

I. Organization(and duties).

United Provinces. Generally ~~one~~ three at least one dispensary for each District, Out of 48 Districts, there were in 1912, 57 dispensaries in 36 Districts. The opening of 26 more dispensaries has been recently sanctioned. These dispensaries are of two kinds:-

(1) Malaria.D(15). The principal object of these is to distribute quinine during Malaria season, but they also undertake to treat minor ailments.

(2) Plague T.Dis.42. These are divided into 5 circles (one circle for 4 districts containing 8 to 9 dispensaries). The 26 new dispensaries recently sanctioned will be constituted into 3 circles.

D u t i e s . (1) Though primarily intended to act as agencies against plague and to encourage and perform inoculation and secondarily to combat the ravages of Malaria, cholera etc., and to popularise the use of quinine both as a remedy and as a prophylactic, these dispensaries provide relief in general cases to those who might otherwise have no opportunity of obtaining it.

(2). They familiarise people with the advantages of Western Medical treatment and aid in dispelling suspicion(regarding the medical and sanitary aims of Government) to which the ignorance and conservatism of a village rustic gives birth.

(3) Surgical operations are performed when practicable.

(4) They serve as widely distributed disseminators of knowledge and pamphlets on Medical and Sanitary topics.

Panjab. Twenty-one dispensaries are said to exist at present (for total districts 13). When they were first organized, each dispensary was placed in the hands of a Sub Assistant Surgeon, but 5 of them are now under I.M.S.Officers and 16 under Assistant Surgeons.

Duties of the ~~District~~ Dispensary Officer.

1. Getting manure heaps removed to sites outside the village.
2. Having suitable drains dug into to carry off stagnant water in streets and around wells
3. Examining students for evidences of Malaria or enlarged spleen.
4. Treatment of the sick.
5. Performing vaccinations when small pox is prevalent.
6. Fighting cholera when cholera prevails.
7. Supply quinine in bad Malaria season.

(8) Lecture on the causes of cholera, plague etc.,with the use of magic lanterns.

(9) Performing inoculation.

(10). Surgical operations are also performed through the facilities afforded by the Medical ~~Conferees~~ Conferees at Hospitals and Dispensaries. It is however a strict rule that surgical work should not be undertaken until the after-treatment can be suitably arranged for.

Assam. No.of Dispensaries. Nineteen in 1912 in 13 districts, one in each District and also in important Sub Divisions.

Two kinds. (1) Travelling dispensaries (16).
(2) ~~Itinerant~~ Itinerating Sub Assistant Surgeons. These tour about at times of epidemics, as necessity arises.

Duties. (1) Treatment of diseases generally,

(2) Distribution of quinine,and

(3) Helping to popularise western medicines among villages at some distance from dispensaries.

(4) Also treatment of kala azar cases and ~~to~~ spread, knowledge as to the means of preventing it.

II S T A F F .

United Provinces. 1. For each dispensary
One Sub Assistant Surgeon.
One peon.

85

Supervision. (2) For each circle.-

One I.M.S.Supervising Officer.

1 clerk

2 peons

2 lascars.

N.B. There is besides one Chief Plague Officer with his staff and one Central Plague Stores.

Panjab.

For each dispensary

Originally it had one Sub Asst. Surgeon.

and One compounder.

(A Taluk peon was also attached to each dispensary to explain ~~eeeee.eeeeee~~ to the people that it was a Government institution.(Now 5 dispensaries have I.M.S.officers and 16 have Asst. Surgeons.)

Assam. For each dispensary

One Sub Assistant Surgeon

One medicine carrier.

III. I T I N E R A T I O N. and method of work.

United Provinces.

Drawing of programme. Civil Surgeons in consultation with the Supervising Medical Officer and District Revenue Officers draw up an itinerary for each dispensary, of 4 to 6 ~~months~~ weeks' duration. The touring is throughout the District visiting and attending villages in their homes throughout the most unhealthy part of the year.

Note. Hospital visiting dispensary works within a radius of 5 miles of main district dispensary, to avoid overlapping of work.

Procedure &c. The larger villages alone are selected to halt at, the Sub Assistant Surgeons daily visiting from there smaller villages within a radius of 3 to 4 miles. Each dispensary remains at a place from 5 to 15 days.

Sub Assistant Surgeons send weekly reports showing the diseases treated by them, number of villages visited, plague inoculations done, kind and number of operations performed, number of wells permanganated etc, to the Supervising Medical officers concerned. The latter send these monthly to Chief Plague Officer with their own diaries.

Supervising Medical Officers are always on tour and return to Head Quarters only to replenish their own stock of drugs as well as that of the travelling dispensaries in their circle.

Surgical work. In cases where little or no after treatment is required, the Sub Assistant Surgeons perform the operations. In other cases, he first advises the patient to go to the District Hospital to be operated by the Civil Surgeon and if he consents, gives him a special ticket to be taken to the Civil Surgeon for admission into the Hospital. Such patients are also given the cost of conveyance to the Hospital.

But as most people do not so consent, the Sub Assistant Surgeon

having arranged a date with his Supervising Medical Officer, collects such cases as wish for operation at a convenient centre, either in a house lent for the purpose or in chappers specially built.

The supervising Medical Officer arrives on the appointed date, operates on these cases, stays a day or two at the place, and then leaves the Sub Assistant Surgeon in charge of the patients as long as is necessary for the after-treatment. He himself returns to dress important cases when necessary.

Thus a good number of surgical cases are attended to, which would never have visited the District Hospital.

Panjab. Travelling dispensary visits each village staying for a longer or shorter period in any village according to size and the number of patients.

Lt.Col.Lane,I.M.S. recommends these only for thinly populated inaccessible tracts and is of the opinion that their use in the plains will be a false step in the prevention and treatment of disease.

2. The Medical Officer sends his peon to the Village or Villages he intends to visit the next day to inform the lambardars who, in turn, give notice to the villagers of the doctor's intended visit.

3. On arrival, the village Chowkidar is sent for and he calls the

the lambardars accompanied by whom the village is inspected and advice on sanitary improvements given.

4. After inspecting the school children, the sick women, and those who are bed-ridden are visited, and then the other patients are attended to.

Assam. The Dispensaries are said to be moved about from village to village as necessity arises at times of epidemics.

IV. S U P E R V I S I O N.

United Provinces. (1) Malaria- Dispensaries (15). Each is in charge of a Sub Assistant Surgeon under the immediate supervision of the Civil Surgeon of the Districts, where they are located and the general supervision of the Chief Plague Officer(subject to the control of the Inspector General of Civil Hospitals).

(2) The 42 Plague Travelling dispensaries are divided into 5 circles (26 more in 3 circles). Each circle comprises 4 Districts containing 8 to 9 dispensaries and is under the charge of an officer of the I.M.S. The Chief Plague Officer exercises general supervision over all the dispensaries(subject to the control of the Inspector General of Civil Hospitals). The Supervising Medical Officer inspects at least once in ~~8~~ six weeks each dispensary in his circle.

Panjab. (21 in 13 Districts.). To ensure efficient supervision Major Southon, I.M.S., the Chief Plague officer, Panjab (1913) suggested that all dispensaries should be placed in the hands of Assistant Surgeons and that a certain number of Gazetted Medical Officers should be placed in supervising of circles in which they will also act as consultants.

Assam. The Civil Surgeons of the Districts apparently supervise these dispensaries.

V. C o s t.

United Provinces.

For each dispensary-	Pay	L.A.	H.A.		Rupees p.m.
One Sub Asst. Surgeon.	30	+ 25	+ 15	= 70	
One peon	6	+ 3 allowance		= 9	
Cost of drugs.	...	...		50	
Carriage of medicine, tent & box...				30	
Contingencies...		...		10	
			Rs.	169	permensem

Drugs being all in the form of pills, powders, tablets and ointments, no compounder is said to be necessary.

or Rs.2028 per annum excluding the cost of quinine ~~of Quinine~~ which is said to come to Rs.300 per annum.

For details-Vide Dr.Srinivasa Rao's App. to report.

	Initial cost of equipment of a T.Dispensary including, box, tents etc. ...	356- 6- 6
App.IV.	For each Supervising Medical Officer and his staff. ... or Rs.14,893-8-0 per annum.	1241- 2- 0
App.III.	For the equipment of each supervising Medical Officer. zzz	1738-14- 4
App. V.	Chief Plague Officer and his staff or Rs.15,832-8-0 per annum.	1319- 6- 0
	Stores. ... or Rs.2556 per annum.	213- 0- 0

Panjab. For each dispensary

			pay.	Allce
It is ~~now~~ stated that now they are under the charge of Asst.Surgeons and I.M.S.Officers.	1)	1 Sub.Asst. Surgeon	30 +	15 and
	2)	1 Compounder ...	15	per mensem
	3)	Cost of carriage of medicine. ..	15	—Do—
	4)	Cost of replenishing stock of medicine.	Not given-	
			75 p.m. plus cost of item (4).	

Initial cost- Medicine chest Rs.200/-

Probably tent also

Assam. For each dispensary.

	Pay	Sp.A.	T.A
1 one Sub Assistant Surgeon	30 +	10 +	30 =70
1 One Medicine carrier three grades 10, 12 or 15 p.m.			= 10 to 15
Cost of replenishing medicine...			25 per mensem

For each itinerating

	Pay	Sp.Al.	
Sub Asst. Surgeon...	30+	20 Nagahills or + 15 Garohills	Ordinar T&A.

Medicine carrier 10,12 or 15 p.m.

Other details not available.

No. 43

Office of the Special Revenue Officer, 91
Malnad Improvement, Shimoga,
Dated Shimoga 12th October 1914.

From,

Ananda Rao S. Sirsi Esquire., B.A.LL.B.,
Special Revenue Officer,
Malnad Improvement,
S H I M O G A.

D 2568

med 38-13 SR: 8.

To,

D. M. Narasinga Rao Esquire., B.A.B.L.,
Offg. Secretary to the Government of Mysore,
General and Revenue Departments,
B A N G A L O R E.

Sir,

Referring to your No. 12759 Med 38-13-7 dated 17th June 1914 forwarding a copy of Dr.M.Sreenivasa Rao's report and his note on the working of Travelling Dispensaries in the United Provinces and Assam and calling for definite proposals of the Malnad Improvement Committees for opening similar dispensaries for the Malnad areas, I have the honor to submit as follows:-

2. The subject was discussed at length by all the three Com-mittees at more than one meeting and their resolutions thereon are noted below.

(i) Resolution No. IV passed by the Shimoga District Committee dated 24th July 1914.

" Resolved that in the opinion of the Committee the scheme outlined in Mr. Matthan's Memorandum dated 4th August 1913, which has met with the approval of the Senior Surgeon (vide copy of his letter enclosed) with one small modification is practicable and may therefore be adopted; the scale of travelling allowances being however on a more liberal scale as indicated below in lieu of the rates suggested by Mr. Matthan in his scheme(vide paras 38, 39 etseq).

A consolidated travelling allowance of Rs. 75/- in case the

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A consolidated travelling allowance of Rs. 75/- in case the

the medical Officer is of the grade of Assistant Surgeon and a fixed travelling allowance of Rs. 30/- in addition to a charge allowance of Rs. 20/- if a Sub-Assistant Surgeon is put in charge of the Dispensary (In both cases, Office transport charges of Rs. 20/- per month to be allowed in addition).

(ii) Resolution No. VII passed by the Kadur District Committee.

" Resolved that the Committee are still of opinion that as travelling dispensaries are not of much use to the public, fully equipped stationary dispensaries as proposed previously in Resolution No. 14 of the first meeting of the Committee held in April last be established in important centres in Malnad to serve villages within a radius of 8 to 10 miles and that this resolution be submitted to Government for consideration".

Resolution No. 14 referred to above states,

" That as travelling dispensaries are not of much use to the public, fully equipped dispensaries be opened in important Malnad centres to serve villages within a radius of 8 to 10 miles as local conditions permit and that the medical officer in charge be required to devote the mornings in visiting villages within the radius, systematically so that all the villages in the circle are visited at least once in a week and that the afternoons be devoted to dispensary work and that the Senior Surgeon be requested to make necessary arrangement for the establishment of such dispensaries in Malnad area".

With reference to the important centres where these dispensaries are to be located the proposal of the Committee is as follows:-

Resolution No. XIII passed by the Kadur District Committee dated 26th July 1914.

" Resolved that the stationary dispensaries are necessary in the following villages in the district

1. Balur
2. Gonibedo — Mudigere Taluk.

3. Santaveri
4. Lakkavally — Tarikere Taluk.

5. Aldur 6. Attigundi 7. Malandur	Chickmagalur Taluk.
8. Nagundi	Koppa Taluk.
9. Chickagrahar 10. Kodihalli 11. Burju	Yedehalli Sub-Taluk.

and that the status and pay of the medical Officer be that of Sub-Assistant Surgeons in charge of Local Fund Dispensaries and that Government be moved to sanction the opening of these dis--pensaries as funds permit in the order of urgency indicated above".

(iii) Resolution passed by the Hassan District Committee on the 8th August 1914.

" Resolved that this Committee are in favor of adoption of the proposals made by the Deputy Sanitary Commissioner with the modificatior that the immediate supervising medical officer be of the grade of at least a first grade Assistant Surgeon if not that of a Surgeon resident in the district so that there may be constant and efficient supervision without which the system is not calculated to prove a success".

3. It will be seen from the above, that the Shimoga District Committee is in favor of Mr. Matthan's Scheme, as outlined in his memorandum dated 4th August 1913. His proposal resolves itself into (1) opening of additional dispensaries, 5 for the present in the Shimoga District and (2) converting these and all the less important existing dispensaries into semi-itinerant ones and to make the medical men in charge of them to tour about for 15 days a month(3 or 4 days a week) according to a programme drawn up by the District Sanitary Officer in consultation with the Deputy Commissioner.

4. While the opening of semi-itinerant dispensaries of the type outlined in Mr. Matthan's Report may have their own advantages, they are not without corresponding disadvantages. The Officers in charge of them will often find themselves obliged inspite of a well arranged programme, to be away from any appointed place on occasions, owing to some emergent or un--forseen circumstances detaining them elsewhere, while their touring besides will not be quite so beneficial as may be ex--pected from purely itinerant or stationary dispensaries. Patients may often attend dispensaries and find the medical men absent. Such disappointments will not a little dissuade them from attending these dispensaries and thus the usefulness of these institutions will eventually be lost to the public. More--over it may not be quite so easy to find buildings to locate the proposed dispensaries immediately.

5. To give increased medical aid to the Malnad people and to find out exactly what mode would give them maximum benefit and with a view to give a fair trial to all the different modes of affording medical aid, I would propose that, for the Shimoga District, for the present a stationary dispensary be opened at Aralgod in Sagar Taluk which is the biggest taluk in the Malnad and where there is only one dispensary outside the taluk head quarter. This will have the effect of giving 2 stationary dispensaries to the Malnad tract of the Shimoga District as Government have recently sanctioned the proposal of opening a dispensary at Humchadakatte.

6. With respect to the conversion of the existing and pro--posed stationary dispensaries into semi-itinerant ones- i.e., to dispense medicines at the dispensary for half the day and visit some villages by turns within a short radius from the station- the proposal of the Kadur District Committee seems practicable and capable of easy adoption as it will meet the wants of the people to a considerable extent.

Including the proposed dispensaries at Aralgod, there will be 7 less important dispensaries in the Shimoga District, where the medical men will not have sufficient work for them to keep them engaged both morning and evening.

8. All these dispensaries namely those at Anantapur, Mandagadde, Megarvalli, Humchadakatte, Nagar, Kumsi and the proposed hospital at Aralgod may therefore be well converted into semi-itinerant dispensaries in the sense that the officers in charge of them will be in their medical station every day either in the morning or in the afternoon preferably the latter, and tour out visiting villages and dispensing medicines for at least 3 weeks in a month during half the day within a radius of 5 miles from their station and submit weekly reports of their itinerary work to the District Sanitary Officer.

9. As these officers always return to Head Quarters after their daily rounds, they need not be provided with any tent or transport charges. All that is to be done in their case will be to provide each of them with a small portable box to carry me-dicines consisting mostly of dry drugs and pills, instruments etc, and a travelling dispensary cooly for the purpose. In this case, a fixed travelling allowance of Rs 20/- per month may be given to each Sub-Assistant Surgeon in charge of the dispensary and he may be allowed to entertain a dispensary cooly on a consolidated pay of Rs 10/- or on a pay of Rs 7/- plus allowance Rs 3/- to carry his medical outfit during his rounds.

10. In addition to the above I would, as proposed by Dr. M. Srinivasa Rao, recommend the establishment of 2 Travelling Dis-pensaries for the Shimoga District - one to be officered by a medical man of the status of an Assistant Surgeon and the other by a Sub-Assistant Surgeon - to work in the malnad area outside the jurisdiction of semi-itinerant dispensaries.

11. The one great disadvantage which is associated with these itinerant dispensaries is that their work for about 4 months in the year during the monsoon season (roughly from the

the beginning of July to the end of October) would be at per-
-fect standstill, owing to heavy rainfall rendering all commu-
-nications between village to village almost impassable. This difficulty can be got over either by opening these dispensaries as a tentative measure for a period of 6 months in the first instance or stationing them during the monsoon at some spe-
-cified centres to work as fixed dispensaries.

12. The cost of opening a dispensary at Aralgod, and converting it as well as the existing dispensaries of a somewhat less im-
-portant nature into semi-itinerant ones and of establishing 2 Travelling Dispensaries is given in statement No. I.

13. In the case of the Kadur District, as the Committee is strongly of opinion that Travelling Dispensaries are of no good and that stationary dispensaries be opened and the medical Of-
-ficers be required to visit villages during half the day as stated in para 6 supra, for the present, 3 dispensaries pre-
-ferably at Balur, Lakkavalli and at Aldur, may be opened. These and the existing dispensaries in the district with the exception of such as are in important Taluk Head Quarters, will be con-
-verted into semi-itinerant ones.

14. There are at present 4 such dispensaries in the Malnad area of the district namely those at Bidare, Sollebile, Kalasa and Hariharpur, which can be conveniently converted into semi-itinerant ones along with the new dispensaries proposed for the places at Balur, Lakkavally and Aldur. The probable cost involved in the above proposal is detailed in statement No. II.

15. Now as regards the Hassan District, it will be seen from the resolution passed by the Committee, that it is generally in favor of the proposal of the Deputy Sanitary Commissioner. Considering the smallness of the area within the sphere of the Malnad Improvement Operations as compared with the extensive area covered by each travelling dispensary in the United Provinces, it is sufficient to open one such dispensary for the district and to convert the stationary dispensaries of Hanabal, Yeslurpet and Arehalli into semi-itinerant ones as proposed for the other

other 2 districts of Shimoga and Kadur. The probable cost for effecting the changes proposed and for establishing a travelling dispensary is given in statement No. III.

16. With reference to the establishment of additional dispensa--ries, one in the Shimoga District and three in the Kadur District, it may not be quite possible to construct the necessary build--ings in the near future. To obviate this difficulty it becomes necessary in the beginning to locate them at some convenient rented buildings in the localities where they are to be opened. It is quite possible that some leading men of the place may come forward and help the establishment of these dispensaries by placing a house at the disposal of the medical officer or one may be leased for the purpose on a rent of not more than Rs. 5/- a month. For this reason, in the statements appended hereto the cost of constructing standard types of dispensaries for the proposed localities is omitted.

17. The primary duty of these dispensaries will in the main be confined to the treating of ordinary ailments and affording prompt medical relief in all general and neglected cases. Complicated and serious cases will however be sent to the nearest medical station for careful and attentive treatment. The medical men will in their discretion allow conveyance charges to be met out of their contingent grant (for which purpose sufficient provision is made under the head ' extra contingent and mis--cellaneous charges' in the appended statements of estimate) in respect of persons who are too poor to bear the same and who would otherwise be left helpless without any sort of medical aid.

18. Another point on which the establishment of these semi and pukka itinerant dispensaries will have an important bearing for good is that they would not only carry medical relief to the very doors of the sick, but also serve as an admirable medium for diffusing useful elementary sanitary knowledge among the large masses of the population with whom they come in contact

contact during their itineration, and thus effectively help to pull down the barriers of superstition, fatalism, dense ignorance and ligering prejudice to western methods of treat--ment.

19. It will be the business of these men in addition to ex--tending the scope of medical relief, to instruct people to appreciate the benefits derivable from light, pure air and water. In short they should preach to the people the elementary principles of sanitation, popularise vaccination, familirise quinine, conduct a systematic examination of School going children on the lines prescribed by the Sanitary Department, distribute leaflets, and deliver popular lectures to these, as well as to the large illiterate masses who gather at im--portant weekly ' shandies ' illustrating them wherever pos--sible by appropriate Lantern Slides so as to leave a lasting and beneficial influence on their impressionable minds. In short, the functions of a doctor and the role of a practical Sanitary Reformer should both be profitably combined in the person of the medical men put in charge of these dispensaries who should strive strenuously and conscientiously to carry out the work entrusted to them.

20. The personality of the Doctor is all important. It is not his skill alone that counts much. The sympathy with which he treats his patients, and the trust he inspires will go a great way in popularising the scheme. If only the medical men with unremitting enthusiasm enter heart and soul into their work, if only they know that their work will receive due re--cognition in the department, I am convinced that the day will not be far off when a complete change will have taken place all over the Malnad and many an homestead in an obscure and out of the way place will have been brightened and sunshine shone in every home of His Highness' subjects in these Malnad tracts.

21. It will thus be seen that the scheme outlined above possesses immense possibilities of advancement, and more than

than justifies the expenditure that is to be incurred on account of it. I therefore request that you will be so good as to obtain the early sanction of Government, so that the Senior Surgeon and Sanitary Commissioner may have ample time to issue all necessary instructions regulating the detailed working of the institutions and that they are opened from the beginning of January next, with a view to make them work for full six months in the year to give a fair idea of what steps to be taken to ensure a further extension of their usefulness.

I have the honor to be,

Sir,

Your most obedient servant,

Special Revenue Officer,

Malnad Improvement,

Shimoga.

C.N.R.

Ene to mid 38-13 (100
87 »

Statement No. I

Shimoga District.

I. Cost of establishing a new dispensary at Aralgod(Sagar taluk)

(a) Initial

Instruments	Rs 100/-	
Furniture, bedding etc .	Rs 200/-	
		Rs 300/-

(b) Recurring

Pay of the Medical Officer about	Rs 40/-
Charge allowance	Rs 20/-
Pay of Compounder	Rs 15/-
Pay of Dispensary Cooly..	Rs 7/-
Pay of Waterman	Rs 4/-
Pay of Midwife	Rs 20/-
Contingent and dieting charges	Rs 20/-
Repairs to dispensary furniture etc ...	Rs 10/-
Total per month	Rs 136/-
Per annum 136x12	Rs 1632/-
Total (a) and (b)	1932

II. Extra cost involved in converting the fixed dispensaries at Anantapur, Mandagadde, Megarvalli, Humchadekatte, Nagar and Kumsi and the proposed hospital at Aralgod - 7 in all, into semi-itinerant ones.

(a) Initial

Medical outfit at Rs 150/- each 7x150 Rs 1050/-

(b) Recurring

For each dispensary.

Fixed travelling allowance ..	Rs 20/-
Special medicines	Rs 50/-
Pay of Travelling Dis-pensary cooly.....	Rs 10/-
Extra contingent and miscel-laneous charges such as rents, etc	Rs 20/-

Total Rs. 100 per month.

For 7 dispensaries per annum

100×7×12 8400

Total (a) and (b) 9450

III. Cost of establishing two travelling Dispensaries.

(a) Initial

Equipment at Rs. 360/- each (as per appendix I of the Deputy Sanitary Commissioner's report) 720

(b) Recurring

	For a month If Sub-Assistant Surgeon	If Assistant Surgeon
Pay of the medical Officer	Rs. 40/-	Rs. 80/-
Fixed consolidated allow--ance including (Travelling Allowance and charge allow--ance)	Rs. 50/-	Rs. 75/-
Transport charges	Rs. 20/-	Rs. 20/-
Pay of dispensary Cooly .	Rs. 10/-	Rs. 10/-
Contingent and miscel--laneous charges	Rs. 20/-	Rs. 20/-
Pay of Lascar with al--=lowances	Rs. 10/-	Rs. 10/-
Special medicines	Rs. 50/-	Rs. 50/-
	Rs. 200/-	Rs. 265/-

For two dispensaries per annum 465×12 5580

Total (a b) 6300

Grand Total of I, II, and III 17682

Roughly for 6 months from 1st January 1915 to 30th June 1915 9900

Special Revenue Officer,
Malnad Improvement,
Shimoga.

C.N.R.

Enclo to Mar 26-13-3

Statement No. II.

Kadur District.

Cost of estblishing new dispensaries at Balur, Lakkavally and Aldur - 3 in all(for particulars vide statement No. I)

(a) Initial ..... at Rs 300/- each 900

(b)Recurring ..... at Rs 1632/- each 48 96

Total 5796

II Extra cost involved in converting the fixed dispensaries at (1) Bidare (2) Kalasa (3) Sollebile (4) Hariharpur and the proposed dispensaries at (5) Balur (6) Lakkavally (7) Aldur - 7 in all, into semi-itinerant ones 9450

(For particulars see statement No. I)

Total of I and II 15246

Roughly for 6 months from 1st January 1915 to 30th June 1915 ..... Rs 8600

Special Revenue Officer,
Malnad Improvement,
Shimoga.

C.N.R.

Enc to Med 36-13-8 103

Statement No. III.

Hassan District.

I. Cost of establishing a travelling Dispensary.

(a) Initial .....Rs 360/-

(b) Recurring 3180/-

(For particulars vide statement No. I)

Total 3540

II. Extra cost involved in converting the fixed dispensaries at (1) Hanabal (2) Yesalurpet and (3) Arehalli into semi--itinerant dispensaries - 3 in all 4050

(For particulars vide statement No. I).

Total 7590

Roughly for 6 months from 1st January 1915 to 30th June 1915. Rs 4200

Special Revenue Officer,
Malnad Improvement,
Shimoga.

C.N.R.

Enc to Red 36-15-8 104

Copy of letter No. 5673 dated 26th June 1914 from the Senior Surgeon with the Government of Mysore, to the Secretary, Malnad Improvement, Shimoga.

In reply to your letter No. 199 dated 16th June 1914, I have the honor to state that the scheme outlined in Mr. Matthan's report in regard to the conversion of some of the existing sta-tionary dispensaries in the Malnad parts into semi-itinerant ones, generally commends itself to me.

2. The only modification that is necessary is that the Medical Officer should be allowed a separate servant to accompany him during his itinerations. The Surgery Cooly who is the only servant in the Dispensary cannot be made available to the Sub-Assistant Surgeon in his rounds, as his help is quite necessary for the Compounder to carry on the Dispensary work at head quarters, during the absence of the Sub-Assistant Surgeon. The latter may, therefore, be allowed a separate servant (preferably a literate one) for itinerating purposes, on a pay of about 8 or 10 rupees with a fixed travelling allowance of Rs 4/- per mensem. It seems also necessary to allow the Sub-Assistant Surgeon the services of a Lascar, for pitching and unpitching, and generally to take care of the tent.

" C O P Y "

Secretary,
Malnad Improvement Committee,
Shimoga.

C.N.R.

No. 6
Ext
D2786

Office of the Deputy Commissioner,
Shimoga District.
Dated Shimoga the 23rd October 1914.

From

V. Matthan, Esquire., B.A.,
Deputy Commissioner and Chairman,
Malnad Improvement Committee,
Shimoga District.

med 38-13 Sec: 9

To

D.M.Narasinga Rao, Esquire., B.A.,B.L.,
Offg. Secretary to the Government of Mysore,
General and Revenue Departments,
Bangalore.

Sir,

I have the honour to state that the Special Revenue Officer, Malnad Improvement Scheme, Shimoga, has sent me a copy of his letter No.43 dated 12th/17th instant to you on the subject of travelling dispensaries, dealing with the question as it affects all the three Malnad Districts.

P.L. 2 II
Sec: 8

2. As far as the subject relates to this District, I find that the Special Revenue Officer in his letter to Government has not confined himself to submitting to Government the conclusions arrived at by the Malnad Improvement Committee of this District together with an explanation of the reasons therefor, but has added his comments and criticisms on the Committee's proposals and has also put forward new proposals of his own which have not been considered or approved by the Committee. It appears to me that the Special Revenue Officer who is the Secretary to the Committee and its Executive Officer was not in order in dealing with the subject in this manner. If the Government agree in this view, I have the honour to request that suitable orders may be issued in the matter.

GPB—100,000—29-7-14

1914-15.

From

The Deputy Commissioner and
Chairman, Malnad Improvement
Committee, Shimoga District.

To

The Offg. Secretary to Government
Gen and Rev Depts, Bangalore.

Dated 23rd October 1914.

Despatched 25

Received

General No. 6

No.

Enclosure No. /

Forwards suggestions for establishing travelling dispensaries in the Malnad.

3. It is with regret that I find that this question which formed the subject of long and careful consideration of the Malnad Improvement Committee of the Shimoga District at its very first meeting held on the 31st March 1914, should still be in the stage of submission to Government. At the meeting held on 31st March 1914, the following resolution was passed by this Committee:-

" 13 " Resolved that the Senior Surgeon be requested to start itinerant dispensaries in the lines suggested in Mr. Matthan's report at Megaravalli, Mandagadde, Anantapur and Sagar." A communication was addressed to the Senior Surgeon on the subject in the Secretary's No. 111 dated 11th/18th July 1914. The Senior Surgeon desired that the orders of the Government should be obtained by the Committee and his final reply No.5673 dated 26th June 1914 to the effect that the scheme outlined in my report in regard to the conversion of some of the existing stationary dispensaries in the malnad parts into semi-itinerant ones generally commended itself to him, with one modification only, viz, that the Medical Officer should be allowed one extra servant to accompany him in his itineration. In the meantime some papers submitted by Dr. M.Srinivasa Rao on the same subject were referred for the consideration of the Malnad Improvement Committees. These and the Senior Surgeon's reply mentioned above were fully considered by the Committee on the 24th July 1914 when the resolution quoted in para 2 of Mr. Ananda Rao Sirsi's letter No. 43 dated 12th/17th October 1914 was passed and the matter was then ripe for submission to Government.

4. The Scheme as now approved by this Committee is given in the accompanying memorandum which reproduces, with the modifications resolved upon by the Committee, paras 36 to 42 of my report. The proposal of the Committee is to convert

some of the existing malnad dispensaries into semi-itinerant ones and also to open new dispensaries of this kind in a few centres. The dispensaries now existing at the less important stations can be converted into semi-itinerant ones at an initial cost, for each, of Rs 150/- and a recurring cost of about Rs 120/- a month. New dispensaries of the same kind can be started at an initial cost of Rs 450/- and a recurring cost of from Rs. 216 to Rs. 281 a month according as the Officer in charge is a Sub-Assistant Surgeon or an Assistant Surgeon of the last class. For the present the existing dispensaries at Megaravalli, Mandagadde, Nagar and Anantapur may be converted into semi-itinerant ones. Assuming that these can be put in working order by the 1st February, the cost of this for the year would be about Rs 2500/- (initial cost plus recurring payments for 4 months). If two new dispensaries of the same kind are opened, one in the Sagar Taluk in the Bharangi Hobli, and one about Ulvi in the Sorab Taluk, the cost of these for the current year would be about Rs 2700/-. The total cost would thus be about Rs 5200/- against Rs 5000/- provided in the programme of work for the current year. Any extra cost can be provided by necessary reappropriation of funds.

5. I have the honour to request that the sanction of the Government may be kindly obtained at an early date to the adoption in this District of this scheme and that the Senior Surgeon may be instructed to obtain and supply all the necessary equipment at an early date, so that the scheme may be put in operation from February next at the latest.

I have the honour to be,

Sir,

Your most obedient servant,

Deputy Commissioner and Chairman,
Malnad Improvement Committee,
Shimoga District.

SHR.

Enc to med 38 138 : 9

MEMORANDUM OF TRAVELLING DISPENSARIES.

1. Medical men in charge of the less important dispensaries should be made to tour about for 15 days a month, (3 or 4 days a week) in an area of about 10 miles square, i.e., up to about 5 or 6 miles from the Head Quarters. The Medical men in charge of the dispensaries at important places, like Sagar and Thirthahalli cannot be required to go on tour as their services would be almost always needed at head quarters, but the men in charge of the dispensaries at Anantapur, Nagar, Megeravalli, Mandagadde, Kumsi and Humchadakatte as well as those to be placed in charge of all the dispensaries proposed to be newly opened can easily spend three or four days a week out of their head quarters without serious inconvenience to their dispensary work. As the District Medical Officer will not be able to spare the time necessary to supervise the work of the semi-stationary, semi-itinerant men, they will be placed entirely under the control of the District Sanitary Officer. They will tour according to a programme to be drawn up previously by the District Sanitary Officer in consultation with the Deputy Commissioner. ~~Thye~~ They should spend two or three days at a time in all the important villages, and from there, visit the small outlying villages. The programme should be previously communicated to the Amildars who will publish it both at the Head Quarters of the Medical Man and in the localities to be visited by him. This will ensure his being readily found in case his service should be required in an emergency.

2. It will be the business of these touring Doctors not only to carry medical aid to the remotest corners, but also to educate the people in regard to matters of sanitation and hygiene. It will be their duty to treat Malaria, popularise quinine and distribute it to the sick and healthy, examine the health of School children, conduct vaccination, combat plague, small-pox, cholera and other epidemics, disseminate knowledge for combating adverse malarial conditions by means of pamphlets, lectures and talks

to the people, send serious and chronic cases which cannot conveniently be treated by them while on tour to their dispensaries or to a hospital, advise people to avail themselves of the services of trained midwives, and generally bring the benefits of scientific medicine prominently before the rural population and encourage them to seek proper advice and aid in cases of serious illness. They will also report and as far as possible try to remove defects in sanitation and water supply which may come to their notice during the course of their tours.

3. The persons selected for this work should be young and energetic men with enthusiasm for the work entrusted to them. Preferably they should be Assistant Surgeons of the last class (Rs 80/-) entertained on probation with an assurance that if they work satisfactorily they will be confiremdd after two years and placed in the regular cadre. They should be given a consolidated travelling allowance of Rs 75/- If they are Sub-Assistant Surgeons, their travelling allowance may be fixed at Rs 30/- which should be in addition to the usual charge allowance of Rs 20/- Whether Assistant or Sub-Assistant Surgeons, they will be given a small tent at a cost of Rs 150/-. Medicines to be taken on tour will be in the shape of pills, powders, tablets and ointments. This will obviate the need for taking a compounder. For the carriage of tents and medicine cases, a sum of Rs 20/- per mensem should be allowed. A dispensary cooly may be entertained on a pay of Rs 7/- plus allowance of Rs 3/- to carry the Doctor's medical outfit during his rounds. The cost of medicines in special form to be taken on tour may be put down at about Rs 600/- a year of which one half will be on account of quinine. For regular dispensary use, medicines should be supplied as usual from the medical stores.

4. The cost of each new dispensary may be put down as follows:-

Initial.	Rs - a - p
Tent.	150- 0 - 0
Instruments... ...	100- 0 - 0
Furniture, bedding &c., ..	200- 0 - 0
Total.	450 -0 -0

Recurring.	Rs per mensem.
Pay of Assistant Surgeon. ...	80 - 0 - 0
Consolidated travelling allowance.	75 - 0 - 0
Special Medicines. ...	50 - 0 - 0
Transport charges. ...	20 - 0 - 0
Compounddr. ...	15 - 0 - 0
Dispensary Cooly. ...	7 - 0 - 0
Waterman ...	4 -0 - 0
Contingencies and lighting charges.	20 - 0 - 0
Travelling Cooly. ...	10 - 0 - 0
	Total 281 - 0 - 0

If the medical man in charge is a Sub-Assistant Surgeon the pay may be put down at Rs 40/-, the travelling allowance will be Rs 30/- and there will be a charge allowance of Rs 20/-. This would make a difference of Rs 65/- so that the monthly cost would be reduced to Rs 216/-.

5. The additional cost on account of making the medical man in charge of one of the existing dispensaries to tour about would be as follows:-

Initial.	Rs.
Tent. ...	150-0-0
Recurring.	Rs per mensem.
Travelling allowance to Sub-Assistant Surgeons.	Rs 30/-
Transport charges.	Rs 20/-
Special Medicines.	Rs 50/-
Extra grant for dieting and contingencies.	Rs 10/-
Travelling cooly.	Rs 10/-
	Total Rs 120/-

6. These existing dispensaries are now financed partly from Provincial funds and partly from District and Municipal Funds. The extra cost involved in the present proposals as well as the cost of the new dispensaries proposed to be opened should be debited to the special grant for the Improvement of the Malnad. Later on, after people in the villages have become familiar with the idea of obtaining skilled medical aid for their ailments, it would be possible to discontinue the system of Doctors touring about as a part of their

regular duties. The cost of the dispensaries should then be divided under the usual rules between the Municipal District and Provincial Funds.

Deputy Commissioner and Chairman,
Malnad Improvement Committee,
Shimoga District.

SHR.

Sanctioning the Conversion of three of the 112 existing dispensaries in the Shimoga District into Semi-Itinerant Dispensaries and two other Itinerant Dispensaries for the Hassan District.

Proceedings of the Government of
His Highness the Maharaja
of Mysore.

Read:-

Correspondence ending with letter No 6 dated the 23rd October 1914, from the Chairman of the Malnad Improvement Committee, Shimoga District, in the -- matter of organizing Travelling Dispensaries in the Malnad.

Order ~~thereon~~ No:- 184-98 med 38-13-10

Dated, Bangalore the 9-7-1915

The question of providing suitable facilities for medical relief in the -- Malnad parts of the State where travelling is difficult has been under consideration for some time. Dr. M. Srinivasa Rao, Director of the Public Health Institute was recently deputed to collect full information regarding the organization and working of the Travelling Dispensaries in the United Pro-

vinces.Dr. Srinivasa Rao's report on the subject has been considered by - the Malnad Improvement Committees of the Shimoga, Hassan and Kadur Districts whose proposals are now before Government.

2. On a consideration of the several proposals, Government agree with the Sanitary Commissioner in the opinion - that Travelling Dispensaries on the -- lines of those in the United Provinces are not at present wholly suited for - the purpose in view. As a preliminar measure, they have decided to convert (with effect from the 1st July 1915)-- three of the existing Dispensaries in the Malnad parts of Shimoga District into semi-itinerant ones, and sanction two itinerat~~ing~~ Dispensaries for the Malnad parts of the Hassan District. In the case of the semi-itinerant Dispensaries, the medical officer in --- charge will be required to tour in --

To be omitted as directed by the Hon'ble Secy

114

the adjoining villages within a defined area for a fixed period every month.

3. These dispensaries will be placed under the charge of a Sub-Assistant Surgeon ~~who~~ possessing a University diploma in medicine. A fixed travelling allowance of Rs 30 per mensem will be given to each Sub-Assistant Surgeon in charge of semi-itinerant dispensaries in addition to the charge allowance and of Rs 50 per mensem to Sub-Assistant Surgeons in charge of itinerant dispensaries. Each officer will be provided with a tent and the required stock of medicines and instruments. In addition to treatment of diseases, these officers should be required to devote special attention to spreading a knowledge among the people of ~~suitable~~ simple facts regarding the more common diseases and elementary principles of sanitation.

4. The Senior Surgeon is requested to settle, in communication with the respective Malnad Improvement Committees and the Deputy Commissioners concerned, all further details regarding the places where the scheme should be given effect to, any in-

increase of establishment and --- 115
other expenditure. absolutely -----
necessary in order to give effect to --
the scheme and the arrangements needed -
to ensure satisfactory working of the --
same and submit proposals for sanction -
of Government in due course.

5. The entire cost incidental to the -
conversion of the existing Dispensaries
into semi-itinerant ones and that of ---
starting new itinerant dispensaries ---
should be met from the Malnad Improve-
ment grant for the respective districts.

6. The scheme, as above sanctioned, --
will be in operation for one year. The
Senior Surgeon is requested to furnish a
report at the end of April 1915 as to --
the working of these Dispensaries and --
submit further proposals in consultation
with the Malnad Improvement Committees--
regarding the continuance and ~~extension~~ increase
of such dispensaries.

6.6.15. 7.7.15.

To Offg. Secretary to Government.
The Sanitary Commissioner in Mysore.
The Senior Surgeon in Mysore.
The Comptroller, Mysore Government.
The Sanitary Section.
The Dy. Comrd. Chairman, M. D. C.

C N C

ROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

Read

Order No 8169-77 / 166-40-2 Dated, Bangalore the 13th May 1941

During his recent tour in the Shimoga, Kadur and Hassan Districts, His Highness the Maharaja was pleased to announce a special grant of two lakhs of rupees for expenditure on approved schemes intended to improve the condition of minor towns and villages in the Malnad. The Deputy Commissioners of these Districts were requested to forward proposals for the utilization of this grant. After considering their proposals, Government are pleased to direct that the grant be distributed for the several works as noted in the accompanying statement.

2. The Deputy Commissioners are requested to see that the amounts are utilised for the works for which they are allotted and that the works are carried out promptly.

3. The works will generally be executed by the Public Works Department, the Establishment, Tools and Plant charges being waived, except in the case of water supply and drainage works which will be attended to by the Public Health Department.

4. The Chief Engineer is requested to have plans and estimates prepared for the construction of the bus shelters at the several places indicated in the statement annexed.

5. The procedure for the drawing and accounting of the grants will be in accordance with the rules prescribed already by the Comptroller in the case of Town Improvement grants.

6. The Deputy Commissioners of the Districts in question

(P.T.O.)

are requested to forward half yearly reports of progress made in the execution of these works financed out of this grant.

for Secretary to Government,
Law Department.

To

The Revenue Commissioner in Mysore.

The Deputy Commissioners of Shimoga, Madur & Hassan Districts.

The Chief Engineer of Mysore.

The Director of Public Health in Mysore.

The Comptroller to Government through the Financial Secretariat.

The Compiler, Mysore Gazette for publication in the Gazette.

The Secretary, Mysore Traffic Board.

Aga/6.

S H I M O G A D I S T R I C T.

1.	Construction of a bridge across the Kumudvathi on the Shikaripur - Anandapuram Road,.....	Rs.20,000
2.	Construction of a bridge across the Pallar near Yedur on the Thirthahalli-Yadur - Hulival Road.....	Rs.25,000
3.	Formation of a road from Nagar to Sampekatte.....	Rs.15,000
4.	Improving the riber bank at Bhadravathi...	Rs.10,000
5.	Improvement of the riverside road at Thirthahalli(from the Bridge to Sri Ramadevaru Temple)	Rs. 2,500
		Rs.72,500

Construction of bus shelters at Sagar, Thirthahalli and Agumbe... Estimates to be prepared by the P.W.D.

K A D U R D I S T R I C T.

		Rs
Chickmagalur.....	Tarring of market road.....	4,110
	Construction of houses for the poors, Municipal employees (Vide His Highness reply to the address).....5,000	
Tarikere....	Construction of sweepers' quarters..	4,000
	Tarring of the Chickmagalur-Tarikere road within the municipal limits....	4,000
Birur	Provision of a syphon arrangement for the Birur water supply and provision of taps to prevent contamination....	1,250
K a d u r	Demolition of fort walls and improvement of Shandy Maidan.....	2,500
	Improvement of water supply to the town from Keggere.....	6,000
Narasimharajapura	Improvement of Shandy Maidan.....	2,500
	Improvement to Mandagadde square.....	1,000
	Tarring of roads within municipal limits....	8,000
K o p p a	Improvement to shandy maidan	8,000
Mudigere	Improvements to the water supply and purchase of an engine....	2,000
	Construction of a bus stand.....	1,000
	Tarring of the main road within Municipal limits.....	4,000
Ajjampur..	Removal of the fort walls.	1,000
	Rs...	54.360/-

Construction of bus shelters at Koppa, Balehonnur and Hariharpura.. Estimates to be prepared to be Public Works Deptt

H A S S A N D I S T R I C T.

Name of Municipality or Village.	Items.	Amount. Rs.
1. Arkalgud.	Filling up of the moat in the Fort...	10,000
2. Konanur	Filling up the moat...	2,000
3. Jaklespur	Filling up the moat....	3,100
4. -do-	Approach road to the extension.....	2,000
5. -do-	Breaching Doddakere between old town and extension.....	2,000
6. Hassan..	Filling up Kattinakere...	11,000
7. Arsikalli	Water Supply....	6,000
		Rs. 56100

8 Construction of Bus shelters at Sakaleśpur. Estimate to be prepared by the P.W.D.

Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. 184-9—Med. 38-13-10, dated 9th July 1915

Semi-itinerant and Itinerant Dispensaries.

Sanctions the conversion of three of the existing dispensaries in the malnad parts of the Shimoga District into semi-itinerant ones and the opening of two itinerant dispensaries for the malnad parts of the Hassan District.

No. 184-9—Med. 38-13-10, dated 9th July 1915.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

Read—

Correspondence ending with letter No. 6, dated the 23rd October 1914, from the Chairman of the Malnad Improvement Committee, Shimoga District, in the matter of organising Travelling Dispensaries in the malnad.

Order No. 184-9—Med. 38-13-10, dated 9th July 1915.

The question of providing suitable facilities for medical relief in the malnad parts of the State, where travelling is difficult, has been under consideration for some time. Doctor M. Srinivasa Rao, Director of the Public Health Institute, was recently deputed to collect full information regarding the organization and working of the Travelling Dispensaries in the United Provinces. Doctor Srinivasa Rao's report on the subject has been considered by the Malnad Improvement Committees of the Shimoga, Hassan and Kadur Districts whose proposals are now before Government.

2. On a consideration of the several proposals, Government agree with the Sanitary Commissioner in the opinion that Travelling Dispensaries on the lines of those in the United Provinces are not at present wholly suited for the purpose in view. As a preliminary measure, they have decided to convert three of the existing dispensaries in the malnad parts of Shimoga District into semi-itinerant ones, and sanction two itinerant dispensaries for the malnad parts of the Hassan District. In the case of the semi-itinerant dispensaries, the Medical Officer in charge will be required to tour in the adjoining villages within a defined area for a fixed period every month.

3. These dispensaries will be placed under the charge of a Sub-Assistant Surgeon possessing a University diploma in medicine. A fixed travelling allowance of Rs. 30 per mensem will be given to each Sub-Assistant Surgeon in charge of semi-itinerant dispensaries in addition to the charge allowance and of Rs. 50 per mensem to Sub-Assistant Surgeons in charge of itinerant dispensaries. Each officer will be provided with a tent and the required stock of medicines and instruments. In addition to treatment of diseases, these officers should be required to devote special attention to spreading a knowledge among the people of simple facts regarding the more common diseases and elementary principles of sanitation.

4. The Senior Surgeon is requested to settle, in communication with the respective Malnad Improvement Committees and the Deputy Commissioners concerned, all further details regarding the places where the scheme should be given effect to, any increase of establishment and other expenditure absolutely necessary in order to give effect to the scheme and the arrangements needed to ensure satisfactory working of the same and submit proposals for sanction of Government in due course.

5. The entire cost incidental to the conversion of the existing dispensaries into semi-itinerant ones and that of starting new itinerant dispensaries should be met from the Malnad Improvement grant for the respective districts.

6. The scheme as above sanctioned will be in operation for one year. The Senior Surgeon is requested to furnish a report at the end of April 1916 as to the working of these dispensaries and submit further proposals in consultation with the Malnad Improvement Committees regarding the continuance and increase of such dispensaries.

D. M. NARASINGA RAO,
Offg. Secy. to Govt., Gen. & Rev. Depts.

To—The Sanitary Commissioner in Mysore.
The Senior Surgeon in Mysore.
The Comptroller, Mysore Government.
The Deputy Commissioners and Chairmen, Malnad Improvement Committees.